



Along the Willowed Path, P.C.

A journey rooted in healing, hope, and empowerment.

11635 Arbor Street, Suite 110  Omaha, NE 68144  (402) 660-9687

Notice of Privacy Practices

The mission and scope of operations of Along the Willowed Path, P.C. (AWP) necessitated that AWP collects, maintains, and, where necessary, disseminates health information regarding employees, clients, volunteers, and others. For example, AWP collects medical information throughout its hiring process, its participant selection process, and its treatment process. AWP protects the confidentiality of individually identifiable health information that is in its possession. Such health information, which is protected from unauthorized disclosure by these policies and by state and federal law, is referred to as protected health information, or PHI.

PHI is defined as individually identifiable health information regarding an employee, a client or a volunteer. Examples of PHI include name, address, telephone and/or fax number, electronic mail address, social security number, date of birth, date of treatment and treatment records.

The organization will follow the practices that are described in this Notice of Privacy Practices (Notice). AWP reserves the right to change the terms of this Notice and of its privacy policies. If AWP makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in conspicuous locations.

Permitted Uses and Disclosure of PHI

The following categories describe the different ways in which AWP may use or disclose your PHI. We include some examples that should help you better understand each category. Please be reminded that the lists of examples that are provided are not intended to be either exhaustive, or exclusive.

1. AWP may receive, use, or disclose your PHI to refer you for health and psychiatric services. Please be informed that AWP, under certain conditions and circumstances, may use or disclose your PHI without obtaining your prior written authorization. An example of this would be AWP is required to do so by law. Other examples are presented below.

For Treatment. AWP may use and disclose PHI as it relates to the provision, coordination, or management of emergency medical treatment that you receive. The disclosure of PHI may be shared among the respective providers who are involved with your treatment. For example, if your therapist needs to use/disclose your PHI to a specialist, with whom he/she consults regarding your condition, this would be permitted.

For Payment. AWP may use and disclose PHI to bill and collect payment for treatment services and items that you receive. AWP may transmit PHI to verify that you are eligible for benefits.

As Required by Law and Law Enforcement. AWP must disclose PHI when required to do so by applicable law. AWP must disclose PHI when ordered to do so in a judicial or administrative proceeding. AWP must disclose PHI to assist law enforcement personnel with identification/location of a suspect, fugitive, material witness, or missing person. AWP must disclose PHI to comply with a law enforcement search warrant, a coroner's request for information during his/her investigation, or for other law enforcement purposes. AWP may disclose PHI to ensure compliance with applicable laws. AWP may disclose PHI to healthcare benefits providers to assist them with their required credentialing and peer review activities. AWP may disclose PHI to assist in the detection of healthcare fraud and abuse.

For Public Health Activities and Public Health Risks. AWP may disclose PHI to government agencies that are responsible for public health activities and to government agencies that are responsible for minimizing exposure to public health risks, AWP may disclose PHI to government agencies that maintain vital records, such as births and deaths. Additional examples in which AWP may disclose PHI, as it relates to public health activities, include assisting in the prevention and control of disease reporting incidents of child abuse or neglect; reporting incidents of abuse, neglect, or domestic violence; reporting reactions to medications or product defects; notifying an individual who may have been exposed to a communicable disease; or notifying an individual who may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. AWP may disclose PHI to a government agency that is authorized by law to conduct health oversight activities. Examples in which AWP may disclose PHI, as it relates to health oversight activities, include assisting with audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities that are necessary to monitor healthcare systems, government programs, and compliance with civil rights laws.

To Avoid a Serious Threat to Health or Safety. AWP may use and disclose PHI to law enforcement personnel or other appropriate persons. AWP may use and disclose PHI to prevent or lessen a serious threat to the health or safety of a person or the public.



Workers Compensation. AWP may disclose PHI for workers compensation and similar programs. These programs provide benefit for work-related injuries or illness.

Appointment Reminders/Health Related Benefits and Services. AWP and/or its business associates may use and disclose your PHI to various other business associates that may contact you to remind you of a healthcare or psychiatric appointment. AWP may use and disclose your PHI to business associates that will inform you of treatment program options, or, of other health related benefits/services such as disease state management programs.

Disclosure of HIPAA Compliance Investigations. AWP must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when so requested. The Secretary may make such a request of AWP to investigate compliance with privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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2. **Uses and Disclosures of Your PHI to Which You Have an Opportunity to Object.** You have the opportunity to object to certain categories of uses and disclosures of PHI that AWP may make:

Client Directories. Unless you object, AWP may use some of your PHI to maintain a directory of individuals in its treatment program. This information may include your name and your general condition (ex: active participant).

Disclosure to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, AWP may disclose your PHI to a family member, another relative, a friend, or another person whom you have identified as being involved in your treatment, or, responsible for the payment of your treatment.

3. **Other Uses and Disclosures of Your PHI for Which Authorization Is Required.** Certain uses and disclosures of your PHI will be made only with your written authorization. Please be advised that there are some limitations with regard to your right to object to a decision to use or disclose your PHI.

Regulatory Requirements. AWP is required, by law, to maintain the privacy of your PHI, to provide individuals with notice of AWP's legal duties and PHI privacy practices, and to abide by the terms described in this Notice. AWP reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all PHI that it maintains. Before AWP makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in conspicuous locations. You have the following rights regarding your PHI:

- A. You may request that AWP restrict the use and disclosure of your PHI. AWP is not required to agree to any restrictions that you request, but if AWP does so, it will be bound by the restrictions to which it agrees, except in emergency situations.
- B. You have the right to request that communications of PHI to you from AWP be made by a particular means or at particular locations. For instance, you might request that communications be made at your work address, or by electronic mail, rather than US postal mail. Your request must be made in writing. Your request must be sent to the executive director. AWP will accommodate your reasonable requests without requiring you to provide a reason for your request.
- C. Generally, you have the right to inspect and copy your PHI that AWP maintains, provided that you make your request in writing to the executive director. Within ten (10) days of receiving your request (unless extended by an additional ten (10) days), AWP will inform you of the extent to which your request has, or has not been granted. In some cases, AWP may provide you with a summary of the PHI that you have requested, if you agree in advance to a summary of such information. If you request copies of your PHI, or agree to a summary of your PHI, AWP may impose a reasonable fee to cover copying, postage, and related costs.

If AWP denies access to your PHI, it will explain the basis for the denial. AWP will explain your opportunity to have your request and the denial reviewed by a licensed mental health practitioner (who was not involved in the initial denial decision). This professional will be designated as a reviewing official. If AWP does not maintain the PHI that you request, but it knows where your requested PHI is located, it will advise you how to direct your request.

- D. If you believe your PHI maintained by AWP contains an error or needs to be updated, you have the right to request that AWP correct or supplement your PHI. Your request must be made in writing to the executive director at AWP. Your written request must explain why you desire to an amendment to your PHI.

Within ten (10) days of receiving your request (unless extended by an additional ten (10) days), AWP will inform you of the extent to which your request has, or, has not been granted. AWP generally can deny your request, if your request for PHI (i) is not created by AWP, (ii) is not part of the records AWP maintains, (iii) is not subject to being inspected by you, or (iv) is accurate and complete.

If your request is denied, AWP will provide you a written denial that explains the reason for the denial and your rights to (i) file a statement of disagreement, (ii) if you do not file a statement of disagreement, to submit a request that any future disclosures of the relevant PHI be made with a copy of your request and AWP's denial attached, and (iii) complaint about the denial.

- E. You generally have the right to request and receive a list of the disclosures of your PHI that AWP has made at any time during the six (6) years prior to the date of your request.

The list will not include disclosures to which this Notice already applies, such as those: (i) for treatment, payment and healthcare operations, (ii) made to you, (iii) for AWP's client directory or to persons involved in your treatment, (iv) for national security or intelligence purposes, or (v) to correctional institutions or law enforcement officials.

You should submit any such request to the executive director at AWP. Within ten (10) days of receiving your request, AWP will respond to you regarding the status of your request. AWP will provide the list to you at no charge. If you, however, make more than one request in a year, you will be charged a fee for each additional request.

You may complain to AWP if you believe your privacy rights, with respect to your PHI, have been violated by contacting the executive director at AWP. You must submit a written complaint. AWP will in no manner penalize you or retaliate against you for filing a complaint regarding AWP's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You may contact the secretary by calling 1-866-627-7748.