

**NOTICE OF PRIVACY PRACTICES  
Wisconsin Therapy Center LLC  
6410 Enterprise Lane, Suite 130  
Madison, WI 53719  
608-819-8800**

**Effective Date: April 01, 2018**

**DUTIES OF PROVIDER**

**Wisconsin Therapy Center, LLC, (WTC), is required by law to maintain the privacy of your health information and to provide you and your representative this Notice of its duties and privacy practices. WTC is required to abide by the terms of this Notice as may be amended periodically.**

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice is required by regulations established under federal law, the Privacy Rule of the Administrative Simplification provisions of the Health Insurance portability and Accounting Act of 1996 (HIPAA). This notice is intended to inform you of your rights regarding records that Wisconsin Therapy Center is required to keep on the service that you obtain from us and the other obligations WTC has and ways that WTC may use or disclose your protected health information. The Privacy rule is lengthy and extremely complex. This Notice cannot be a complete and accurate account of the contents of the Privacy Rule or state laws that apply to the matters described here. If you have questions about these matters, please discuss them with your therapist before making any sensitive disclosures or ask to contact the WTC Director.

Information that you disclose in order to obtain services from WTC will generally not be re-disclosed to anyone else without your consent. WTC, however, may use your health information, that is, information that constitutes protected health information as defined by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purposes of providing you services, obtaining payment for your care, and conducting health care operations. WTC has established a policy to guard you against unnecessary disclosure of your health information.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Therapy:** When your WTC therapist plans to be out of town or otherwise unavailable to deal with crisis that you may experience, they may brief their backup therapist on the nature of your situation so that you will receive better care should you need it.

**Supervision:** State of Wisconsin regulations require supervision for some therapists, who may review your health information with their supervising psychologist or psychiatrist. Such reviews will be documented in your confidential file.

**To Obtain Payment:** While WTC will not seek reimbursement for services from insurance or third party payor without your consent, the process of obtaining such payment may involve disclosure. WTC may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you. WTC may include your health care information in invoices to collect payment from third parties for the care that you receive from HMR. For example, WTC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or WTC. In most cases, what is used is simply a numerical code for what you are working on with your WTC therapist and the dates of service. Some managed care plans require more descriptive information for them to agree to reimburse. A form may need to be filled out by your therapist and mailed or faxed to the provider. Some payors, such as Worker's Compensation, require copies of session notes in order to reimburse. Such third party payors are generally subject to the provisions of the HIPAA. It is your choice, however, to use a third party payor versus paying for WTC services yourself. Please discuss your situation with your therapist as it applies to your disclosure.

If WTC is collecting payment from you, WTC has a right to bill you if need be and use collection agencies or other means as necessary and to disclose what is needed for that purpose. You have the right to request the address where we bill you and phone numbers where you consent for us to call you if needed to reschedule appointments.

**Accreditation and Compliance Requirements:** In order to be certified by the State of Wisconsin, WTC must comply with onsite reviews to insure compliance with state regulations. Such reviews involve a small random sampling of client files by a state auditor who is bound by confidentiality requirements of HIPAA. Managed care companies may also perform onsite inspections of records for their clients. To assure compliance with such rules, WTC therapists conduct periodic internal audits of each other's client files.

**When Legally Required:** WTC will disclose your health information when it is required to do so by any State, Federal, or Local law.

**To Report Abuse, Neglect, OR Domestic Violence:** WTC therapists are required to notify government authorities if they believe a client who is a minor is the victim of abuse or neglect. WTC will only disclose abuse, neglect, or domestic violence between adults when the client agrees to the disclosure or when specifically required or authorized by law.

**To Prevent Injury:** WTC may, consistent with applicable law and ethical standards of conduct, disclose your health information if they, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

**In Connection with Judicial and Administrative Proceedings:** As permitted or required by State law, WTC may disclose your health information in the course of any judicial or administrative proceeding in response to a court or administrative order. WTC may also disclose in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only when reasonable efforts have been made to tell you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes:** As permitted or required by State law, WTC may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**For Specified Government Functions:** In certain circumstances, the Federal regulations authorize WTC to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, WTC will not disclose your health information without your written or verbal authorization. Verbal authorizations may be used if the disclosure you request has a time frame or other practical consideration that favors it. Verbal consents will be recorded in your WTC file. If your representative authorizes WTC to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Right to Request Restrictions:** You have the right to request restrictions or limitations on WTC's uses or disclosures of protected health information about you for therapy, payments or health operations. WTC is not legally required to agree to your request. Should you wish to make such a request, please inform your therapist, who will provide you with a form for making the request(s).

**Right to Request Confidential Communications:** You have the right to request that WTC communicate with you about confidential matters through specific channels, in a certain way or at a certain location. For example, you may ask that WTC only contact you at home, or only by mail. WTC will not ask you the reason for the request, and, while not obligated to do so, will accommodate reasonable requests.

**Right to Inspect and Copy:** You have a right to inspect and copy certain parts of your records, which includes records on your health information and billing records, but not notes that are kept by your therapist for his or her own use. If you request a copy of the information, WTC may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. WTC may only restrict your request to inspect and copy if there is a reason to believe that access would be harmful to you.

**Right to Amend:** If you believe that your health information records are incorrect or incomplete, you or your representative, have the right to request that WTC amend your records. That request may be made as long as the information is retained by WTC. A request for amendment of the records must be made in writing to your WTC therapist or the WTC Director, stating the reasons you believe the record is incomplete or in error and needs to be amended. WTC may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by WTC, if the records you are requesting are not part of WTC's records, if the health information you wish to amend is not part of the health information that you or your representative are permitted to inspect and copy, or if, in the opinion of WTC, the records containing your health information are accurate and complete.

**Right to an Accounting of Disclosures:** A record of disclosures will be kept in your WTC file. You, or your representative, have a right to request an accounting of disclosures of your protected health information made by WTC. The request for accounting must be made in writing to your WTC therapist or the WTC Director. The request should specify the time period for the accounting starting on April 01, 2018. One accounting per any twelve (12) month period will be given without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

**Right to a Paper Copy of This Notice:** You, or your representative, have a right to a separate paper copy of this Notice at any time even if you or your representative may have received this Notice previously. To obtain a separate copy, please contact the WTC office manager.

**Right to Complain:** If you believe that your privacy rights have been violated, you, or your representative, have the right to express complaints to WTC and to the U.S. Secretary of Health and Human services. Any complaints to WTC should be made in writing to the WTC Director. WTC encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**Amendments to This Notice:** WTC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. Each version of the Notice will have an effective date on the first page.