

**DeLuca Family Wellness Center, Inc. (DFWC)**  
**Notice of Privacy Practices**  
**HIPAA**

This notice describes how medical information about you may be used and disclosed by DFWC and how you can get access to this information. Please review this notice carefully.

**Understanding Your Protected Health Information (PHI)**

When you visit us, a record is made of your symptoms, assessments, test results, diagnoses, treatment plans and other mental health or medical information. Your record is the physical property of DFWC although the information within belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosure to others. In using and disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of HIPAA and requirements of West Virginia law.

**Your Mental Health and/or Medical Record Serves As**

- ⚡ a basis for planning your care and treatment
- ⚡ a means of communication among the health professionals who may contribute to your care
- ⚡ a legal document describing the care you received
- ⚡ a means by which you or a third-party payer can verify that services billed were actually provided
- ⚡ a source of information for public health officials charged with improving the health of the nation
- ⚡ a source of data for facility planning
- ⚡ a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**Responsibilities of DFWC**

- ⚡ *We are required to*
- ⚡ Maintain the privacy of your PHI as required by law and provide you with notice of our legal duties and privacy practices with respect to the protected health information that we collect and maintain about you
- ⚡ Abide by the terms of this notice currently in effect. We have the right to change our notice of privacy practices and it make the new provisions effective for all protected health information that we maintain, including that obtained prior to the change. Should our information practices change, we will post new changes in the reception room and provide you with a copy, upon request.
- ⚡ Notify you if we are unable to agree to a requested restriction.
- ⚡ Accommodate reasonable requests to communicate with you
- ⚡ about protected health information by alternative means or at alternative locations, e.g., you may not want a family member to know that you are being seen at DFWC. At your request, we will communicate with you, if needed, at a different location.
- ⚡ Use or disclose your health information only with your authorization except as described in the notice.

**Your Protected Health Information (PHI) Rights**

*You have the right to:*

**Review and obtain a paper copy** of the notice of privacy practices upon request and of your health information, except that you are not entitled to access, or to obtain a copy of, psychotherapy notes and a few other exceptions may apply. Copy charges may apply.

**Request and provide written authorization** and permission to release information for purposes of outside treatment and health care operations. This authorization excludes psychotherapy notes.

**Revoke your authorization in writing** to use, disclose, or restrict health information except to the extent that action has already been taken.

**Request a restriction** on certain uses/disclosures of PHI, but we are not required to agree to the restriction request. You should address your restriction request in writing to DFWC. We will notify you within 10 days if we cannot agree to the restriction.

**Request that we amend your health information** by submitting a written request with the reasons supporting the request to DFWC. We are not required to agree to the requested amendment.

**Obtain an accounting of disclosures** of your health information for purposes other than treatment, payment, health care operations and certain other activities for the last seven years but not before November 1, 2009.

**Request confidential communications** of your health information by alternative means or alternative locations.

**Disclosures for Treatment, Payment and Health Operations**

**I. DFWC will use your PHI, *with* your consent, in the following circumstances:**

**Treatment:** Information obtained by your counselor or from other members of your health care team will be recorded in your record and used to determine the management and coordination of treatment that will be provided for you.

**For payment, if applicable:** We may send a bill for treatment to another entity that you specify. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, to obtain reimbursement for your health care or to determine eligibility of coverage.

**For health care operations:** Members of DFWC Administration may use information in your health record to assess the performance and operations of our services. This information will then be used in an effort to continually improve the quality and effectiveness of the mental health care and services we provide.

**Disclosure to others outside of DFWC:** If you give us a written authorization, you may revoke it in writing at any time, but that revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We will not use or disclose your health information without your authorization, *except as described below* to report a serious threat to health or safety of a child or vulnerable adult abuse or neglect.

**II. DFWC will use your PHI, *without* your consent or authorization, in the following circumstances:**

**Child Abuse:** If we have reasonable cause to suspect that a child known to us in the course of professional duties has been abused or neglected, or have reason to believe that a child known to us in the course of our professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, we must report this to the relevant county department, child welfare agency, police, and/or sheriff's department.

**Adult and Domestic Abuse:** If we believe that a vulnerable adult is the victim or abuse, neglect or domestic violence or the possible victim of other crimes, we may report such information to the relevant county department or state official.

**Serious Threat to Health or Safety:** If we have reason to believe exercising best judgement and our professional care and skill, that you may cause serious harm to yourself or another person, we may take steps, without your consent, to notify or assist in notifying a family member, personal representative, or another person responsible for your care in order to protect you or another person from harm. This may include instituting commitment proceedings.

**Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release the information without written authorization from you or your personal or legally appointed representative, or subpoena/court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered.

**As required by law for national security and law enforcement:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to an authorized federal official health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

**Law/Health Oversight:** As required by law, we may disclose your health information.

**Worker's Compensation:** We may disclose health information to the extent authorized by you and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law, we may be required to testify.

**As required by law for purposes of public health:** e.g., as required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Business Associates:** There are some services provided to DFWC through contracts with business associates. Examples include computer support for our scheduling system and software. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. Business associates are required to safeguard your information.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, please ask your counselor. He/she will provide you with additional information or refer you to Matthew J. DeLuca MS,LPC at 304-626-3541.

#### **Privacy Notice 01.18.26**

If you are concerned that your privacy rights have been violated or if you disagree with a decision we have made about access to your health information, or if you would like to make a request to amend or restrict the use or disclosure of your health information, you may contact:

Matthew J. DeLuca  
1172 E. Pike St.  
Clarksburg, WV 26301  
Phone: (304)626-3541 Fax: (304)566-7533

If you believe that your privacy rights have been violated, you can also file a complaint with the secretary of the U.S. Department of Health and Human Services:

Office for Civil Rights  
U.S. Department of Health & Human Services  
150 S. Independence Mall  
West, Suite 372  
Philadelphia, PA 19106-3499  
(215)861-4441; (215)861-4440 (TDD); Fax: (215)861-4431

You may also visit this website for forms:

<http://www.hhs.gov/ocr/privacy/howtofile.htm>

DFWC respects your right to the privacy of your health information. There will be no retaliation in any way for filing a complaint with us or the D.S. Department of Health and Human Services.

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