**Journey Well, LLC**

**118 E. Main St., Mason, OH 45040|Phone: 513-445-9959|Fax: 513-725-1276**

**www.journey-well.com**

## Notice of Privacy Practices

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

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The terms of this Notice of Privacy Practices apply to Journey Well, LLC, **118 E. Main St. Suite 103, Mason, Ohio 45040**.

The members of this health care arrangement work and practice at the location listed above. All members will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

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We are required by law to maintain the privacy of our clients’ protected health information and to provide notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices by submitting a request to Journey Well, LLC.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

**Uses and Disclosures For Treatment.** We will make uses and disclosures of your protected health information as necessary for your treatment. For instance, we may release your health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you.

**Uses and Disclosures For Payment.** We will make uses and disclosures of your health information as necessary for the payment purposes of those health professionals that have treated you or provided services to you. For instance, we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person’s involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain portions of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services.** We may contact you to provide appointment reminders or for rescheduling appointments. You have the right to request to receive communications regarding your protected health information from us by alternative means or alternative locations. For instance, if you wish appointment reminders not to be sent to particular email address, we will accommodate reasonable requests. You may request such confidential communication in writing to Journey Well, LLC.

**Health Products and Services.** We may from time to time use your protected health information to communicate with you about behavioral health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general behavioral health and wellness information.

**Confidentiality of Alcohol and Drug Abuse Patient Records.** The confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by federal law and regulations. Generally, the facility may not say to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as an alcohol or drug abuser unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you at either our facility or against any person who works for the facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate or local authorities.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization.

* We may release your protected health information for any purpose required by law;
* We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
* We may release your protected health information as required by law if we suspect abuse or neglect of a minor, an elderly adult, or a dependent adult;
* We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
* We may release your protected health information if required to do so by a court order; in some cases you will have notice of such release;
* We may release your protected health information if in limited instances we suspect a serious threat to health or safety; and,
* We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities.

Ohio law requires that we obtain consent from you before disclosing information regarding results of an HIV test or diagnoses of AIDS or an AIDS-related condition.

**RIGHTS THAT YOU HAVE**

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the health information that we retain on your behalf. Requests for access may be made verbally or in writing to our office and require an authorization for release of information signed by you or your legal representative. If you request a copy of the information, we will charge you as follows:

**Copies: $10.00** (Chart reviews must be scheduled.)

There is no charge when your health information is released to another health care provider for continuity of care.

**Amendments to Your Protected Health Information.** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reason for the amendment/correction request. If an amendment or correction to your request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your personal health information after September 1, 2015. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; you will be charged a fee of $15.00 for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, an agreed-to restriction by sending such termination notice to our office.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with Journey Well, LLC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**Acknowledgment of Receipt of Notice.** You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

**FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact Journey Well, LLC. As a client you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**EFFECTIVE DATE**

**This Notice of Privacy Practices is effective September 1, 2015.**