

Office Information

Part 1

HIPPA Notice of Privacy Practices
Client Rights
Payment Policies & Fee Agreement

Health Insurance Portability and Accountability Act of 1996 (HIPAA) 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.

Revised and Updated November 2018

This office is required by law to maintain the privacy of our clients' health information and to provide clients with this Notice of Privacy Practices. Wishing Well Relationship Center (WWRC) has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws.

This notice describes our policies related to the use and disclosure of your healthcare information. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care.

Wishing Well Relationship Center reserves the right to change the privacy policies and practices described in this notice. Unless we provide you with a notice of such changes, however, we are required to abide by the terms currently in effect.

If we revise our Notice of Privacy Practices form, we will distribute to you copies of our New Notice as required by HIPAA.

Treatment We may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

Payment Information needed for billing and collection purposes.

Healthcare Operations We may need to use information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Uses or disclosures of your information which does not require your consent

There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to:

Use or disclosure of your health information for any purpose required by law;

Use or disclosure of your health information for public health activities and investigations;

Use or disclosure of your health information as required by law if we suspect child abuse or neglect; victim of abuse, neglect, or domestic violence;

Use or disclosure of your health information if you provide information that informs us that you are in danger of harming yourself or others;

Use or disclosure of your health information to remind you of /or to reschedule appointments or treatment alternatives;

Use or disclosure of your health information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order; audits, investigations, or civil or criminal proceedings

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

CLIENT RIGHTS

Right to request how we contact you

It is WWRC normal practice to communicate with you at your home address and phone number you provided in your Intake forms. You have the right to request that WWRC communicate with you in a different way.

Right to release your medical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

Right to inspect and copy your medical and billing records

You have the right to inspect and obtain a copy of your information contained in your medical records. To request access to your billing or health information, please contact me. Under limited circumstance I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing, and supplies.

Right to add information or amend your medical records

If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. I will make a decision on your request within 30 days, or some cases within 60 days. Under certain circumstance, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, contact WWRC. WWRC will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an accounting of disclosures

You may request an accounting of any disclosures, if any, we have made related to your medical information, except for information we used for treatment, payment, or health care operational purposes or that WWRC shared with you or your family, or information that you gave us specific consent to release. It also excludes information WWRC was required to release. To receive information regarding disclosures made for a specific time period please submits your request in writing to me. WWRC will notify you of the cost involved in preparing this list.

Right to request restrictions on uses and disclosures of your health information

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to our office. This request may also be denied. WWRC will restrict disclosures regarding health care services for which you have paid in full and out of pocket. However, these conditions must be met:

1. The patient makes a Request to Restrict disclosure;
2. The disclosure is to a health plan for payment or health care operations;
3. The disclosure is not required by law, and
4. The protected health information pertains solely to health care for which the patient (or someone on behalf of the patient) has paid for in full out of pocket.

Right to complain

If you believe your privacy rights have been violated, please contact WWRC to discuss your concerns. If you are not satisfied with the outcome, you may file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing such a complaint.

Right to receive changes in policy

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from your clinician.

PAYMENT POLICIES & FEE AGREEMENT

EFFECTIVE 01/01/2019

Fees are collected at the beginning of session. Cash, Health Service Card, and Credit/Debit cards are accepted forms of payment. Payments are processed using Square Registrar.

NO INSURANCE IS ACCEPTED. However, I can provide an insurance claim statement at the end of the month for you to file with your insurance company.

Sessions

Intake	\$130.00 per 50 minutes
Individuals/Couples	\$130.00 per 50 minutes
Late arrivals under 10 minutes	\$130.00 per remaining time

24 Hour Cancellation/Late Cancellation/No Show Policy

If you are unable to make your scheduled appointment, please cancel at least 24 hrs. in advance. If 24 hrs. notice is not given you will be charged the full session amount.

Returned Checks/ Denied Credit Card Charges \$35.00

A \$35.00 fee will be charged for all returned checks and credit card charges. Clients are responsible for promptly making valid payment on any returned check or denied credit card charge.

Court testimony \$2400 Paid In Advance

I do not provide expert testimony in legal proceedings such as divorce disputes. However, if the Court requires testimony, you must provide written consent for the release of your counseling records, and if you are counseled as part of a couple, both parties must provide written consent.

All fees are doubled if therapist, Dr. Ella has confirmed plans scheduled out of town.

Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion.

Office Information

Minimal phone consultation or correspondence	no charge
Extensive phone consultation or correspondence more than 15 minutes	\$130.00 per hour

If additional paperwork is required beyond the session, preparation of records or treatment summaries, and the time spent performing any other service you may request of me, if applicable, will be prorated in 15 minute increments.

Other Requested Service Fees

Request for records (Ohio Revised Code 3701.741)

- \$3.07 per page for the first ten pages
- \$0.64 per page for pages eleven through fifty
- \$0.26 per page for pages fifty-one and higher
- The actual cost of any related postage
- No records will be provided until fees are paid in full.

Treatment Summary / Letters

- \$200 per hour of document preparation (minimum fee: \$200)
- Client must have attended a minimum of 4 sessions during the previous 2 months.
- No summary or letter will be provided until fees are paid in full.
- Please note that the payment of fees does not guarantee the summary or letter content will be beneficial to your purpose.

This is merely an estimate and cannot guarantee this is the final amount due. Increase in fees subject to change with notice.