

- For Workers Compensation

3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.

### **What about other uses of my health information?**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Woodland Centers, Inc. is not responsible for the misuse or re-release of your Protected Health Information by another individual or entity.

### **What will WCI do to protect my health information?**

We will maintain the privacy of your Protected Health Information as required by law. At your request, we will provide you with a copy of our policy on Privacy, Use, and Disclosure of Protected Health Information. We will follow the terms of the Privacy Notice currently in effect.

**WE RESERVE THE RIGHT TO CHANGE THE TERMS CONTAINED IN THIS PRIVACY NOTICE, INCLUDING THE RIGHT TO CHANGE THESE TERMS RETROACTIVELY. IF WE DO THIS, IT WILL AFFECT ALL PROTECTED HEALTH INFORMATION MAINTAINED BY US. WE WILL NOTIFY YOU THAT WE HAVE CHANGED THE PRIVACY NOTICE BY POSTING IT IN OUR OFFICES, ON OUR WEBSITE, OR BY MAILING IT TO YOU AT THE ADDRESS YOU PROVIDE.**

### **Who will follow this Privacy Notice?**

- ?? Any health care professional authorized to enter information into your medical records at WCI.
- ?? All departments, units, and clinics of WCI that you may visit.
- ?? Any member of a volunteer group that WCI allows to help you while you are a client here.
- ?? All employees, staff, and other personnel who may need access to your information.
- ?? All entities, sites, and locations of WCI follow the terms of this Notice and may share medical information with each other for treatment, payment, and/or health care operations as described in this notice.

### **What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?**

All questions and complaints about the use and disclosure of your Protected Health Information can be sent to:

Cheryl Laudermilt, Clients Rights Officer

-or-

Mary Jo Frank, Ph.D., Privacy Officer

Woodland Centers, Inc.

3086 St. Rt. 160

Gallipolis, OH 45631

Phone: (740) 446-5500

We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information.

Woodland  
Centers, Inc.

# **PRIVACY NOTICE**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information.  
PLEASE READ IT CAREFULLY.**

**October 2007**

*Woodland Centers, Inc. is funded in part by the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services.*

This notice has been prepared by Woodland Centers, Inc. It tells you how Protected Health Information about you can be created, shared, protected, and maintained.

## WHAT IS MY PROTECTED HEALTH INFORMATION?

Anything from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or given to anyone providing care to you; a health plan; a public health authority; your employer; your insurance company; your school or university; or anyone who processes health information about you.

## WHAT RIGHTS DO I HAVE ABOUT MY PROTECTED HEALTH INFORMATION?

- ?? You have the right to consent to the use and disclosure of your Protected health Information for the limited purpose of diagnosing you and administering and paying for your treatment.
- ?? You have the right to authorize the sharing of your Protected Health Information for other purposes.
- ?? You have the right to see and copy your Protected Health Information. Normally, requests for copies will apply to information within the six months prior to the request, unless otherwise specified. Exceptions to this information are information prepared for certain legal proceedings and information maintained by clinical laboratories.
- ?? You have the right to request that we amend your Protected Health Information.

- ?? You have the right to be informed about and to share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be feasible for us to do.
- ?? You have the right to restrict how we use and disclose your Protected Health Information. We do not have to agree with your restrictions, but if we do agree, we must follow your restrictions.
- ?? You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.
- ?? You have the right to have a copy of the Privacy Notice. We may change the terms of this Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from your service provider, the receptionist at the front desk, or the Client Rights Officer. **A copy of this Privacy Notice can be viewed on the Woodland Centers, Inc. website at [wci.centersite.org](http://wci.centersite.org).**

## CONSENT

### What can be done with my information if I consent to disclose it for my diagnosis or to administer and pay for my treatment?

**TREATMENT**—With your consent, we can share information about your health with other specialists so that you can receive the most appropriate treatment. For example, your counselor could share with your treating physician that you are depressed. The doctor could then prescribe medication to help you feel better.

**PAYMENT**—With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send a form to your insurance company stating when and for what condition you were seen at the office. They can then send us money to help cover your costs of being seen.

**OPERATIONS**—With your consent, we can share information with other healthcare entities to ensure that you obtain the correct diagnosis. For example, if you require lab tests in order to continue to receive medication, the lab can send us information about your tests so that we can continue to prescribe and/or supply your medication.

### Can I revoke my consent?

YES. You can revoke your consent. You must do this in writing and bring it to us so that we can stop using and disclosing your Protected Health Information. We are permitted to use and disclose your Protected Health Information based on your consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to you, on the basis of your refusal to allow us to share your information for the purposes of treatment, payment, and healthcare operations.

## AUTHORIZATION

### What can be done with my information if I authorize its disclosure for other purposes?

With your permission, we can share your Protected Health Information for reasons other than to diagnose you and to administer and pay for your treatment. For example, you might agree to allow us to share your Protected Health Information with a drug company so that it can send you information about new medication to treat your condition.

### Can I revoke my authorization?

YES. Your Protected Health Information can be shared without your prior consent or authorization:

1. In an emergency so long as an effort is made to obtain consent as soon as possible.
2. When required by law according to specific requirements:
  - For public health activities
  - To protect victims of abuse, neglect, or domestic violence
  - For health oversight activities
  - For judicial and administrative proceedings
  - For law enforcement purposes
  - To a coroner/medical examiner
  - To a funeral director
  - For organ/tissue donation
  - For research purposes
  - To avert serious threats to health or safety
  - To facilitate specialized government functions
  - To correctional institutions