

## Visions Counseling Inc.

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### Notice of Privacy Practices

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**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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#### My commitment to your privacy

My practice is dedicated to maintaining the privacy of your personal health information. I am also required by law to do this. These laws are complicated, but I must provide you with important information. This form is a shorter version of the full, legally required NPP, which you received along with this so refer to it for more information. However, I can't cover all possible situations so please talk to my Privacy Officer (see the end of this form) about any questions or problems.

I use the information about your health, which I get from you or from others mainly to provide you with **treatment**, to arrange payment for my services or for some other business activities that are called, in the law, health care **operations**. After you have read this NPP I will ask you to sign a **Consent Form** to let me use and share your information. **If you do not consent and sign this form, I cannot treat you.**

If you or I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization to allow this.

Of course, I will keep your health information private, but there are some times when the laws require me to use or share it, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. A law enforcement official requiring me to do so.
4. For Workers Compensation and similar benefit programs.

There are some other situations like these, which don't happen very often. They are described in the longer version of the NPP.

## **Your rights regarding your health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you, such as your medical billing records and psychotherapy notes. You can even get a copy of these records, but I may charge you. Contact my Privacy Officer to arrange how to see our records. See below.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to my Privacy Officer. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP I will post it in the waiting room and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with my Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice or the health information privacy policies, please contact my Privacy Officer, Lynn Gabriel, at 715-257-9335.

The effective date of this notice is February 1, 2006.