



WNEK WELLNESS  
COUNSELING SERVICES

# 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.

Your Provider (Deanna Wnek, LCPC, “Provider”) is committed to protecting your privacy. Your Provider is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. Your Provider is required to provide you with this Notice of Privacy Practices (“Notice”), which explains your Provider’s legal duties and privacy practices and your rights regarding PHI that will be collected and maintained.

## YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to your Provider at the address noted below.

To inspect and copy PHI:

- You can ask for an electronic or paper copy of PHI.
- Your Provider may deny your request if s/he believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI:

- You can ask to correct PHI you believe is incorrect or incomplete. Your Provider may require you to make your request in writing and provide a reason for the request.
- Your Provider may deny your request. Your Provider will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications:

- You can ask your Provider to contact you in a specific way. Your Provider will say “yes” to all reasonable requests.

To limit what is used or shared:

- You can ask your Provider not to use or share PHI for treatment, payment, or business operations. Your Provider is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask your Provider not to share PHI with your health insurer.

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- You can ask your Provider not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared:

- You can ask for a list, called an “accounting”, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this notice:

- You can ask for a paper copy of this notice, even if you agreed to receive the notice electronically.

To choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated:

- You can file a complaint by contacting your Provider using the following information:  
Deanna Wnek, LCPC  
443.371.3077

## OUR USES AND DISCLOSURES

### 1. Routine Uses and Disclosures of PHI

Your Provider is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of business. Your Provider typically uses or shares your health information in the following ways:

To treat you:

- Your Provider can use and share PHI with other professionals who are treating you.  
Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations:

- Your Provider can use and share PHI to improve your care, and contact you.  
Example: Your Provider uses PHI to send you appointment reminders if you choose.

To bill for your services (if applicable):

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- Your Provider can use and share PHI to bill and get payment from health plans or other entities.  
Example: Your Provider gives PHI to your health insurance plan so it will pay for your services.

## USES AND DISCLOSURES OF PHI THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Your Provider may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues:

- Public health: to prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- As required by the Secretary of Health and Human Services: we may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: for audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: to prevent a serious and imminent threat.
- Abuse or neglect: to report abuse, neglect, or domestic violence.
- To comply with law, law enforcement, or other government requests.
- Required by law: if required by federal, state, or local law.
- Judicial and administrative proceedings: to respond to a court order, subpoena, or discovery request.
- Law enforcement: for law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: for military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: for intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for the purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests:

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- Coroners and Funeral Directors: to perform their legally authorized duties.
- Organ Donation: for organ donation or transplantation.
- Research: for research that has been approved by an institutional review board.
- Inmates: your Provider created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

## USES AND DISCLOSURES OF PHI THAT MAY BE MADE WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Unless you object, your Provider may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If it is in your best interest because you are unable to state your preference.

## USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Your Provider must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing, sale of PHI, and psychotherapy notes.

You may revoke your authorization, at any time, by contacting your Provider in writing, using the information above. Your Provider will not use or share PHI other than as described in Notice unless you give your permission in writing.

## OUR RESPONSIBILITIES

- Your Provider is required by law to maintain the privacy and security of PHI.
- Your Provider is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, your Provider will abide by the more stringent law.
- Your Provider reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by your Provider. Should your Provider make changes, you may obtain a revised Notice by requesting a copy from your Provider or using the information above.
- Your Provider will inform you if PHI is compromised in a breach.

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