

## Notice of Privacy Practices

### Dimensional Wellness Notice of Privacy Practices

Effective Date: May 25, 2024

#### **I. Introduction**

Welcome to Dimensional Wellness, where your privacy is our priority. This Notice of Privacy Practices (“**Notice**”) explains how your protected health information (“**PHI**”) may be used and disclosed, and how you can access this information. Please review this notice carefully.

#### **II. Our Commitment to Your Privacy**

We are committed to maintaining the privacy of your personal and health information. We are required by law to provide you with this Notice of Privacy Practices that explains our legal duties and privacy practices concerning your PHI.

#### **III. Uses and Disclosures of Your Protected Health Information**

We typically use and share your PHI for the following purposes:

- **To treat you:** We may use and disclose your PHI to provide, coordinate, or manage your mental health care and related services.
- **To bill for your services:** We may use and disclose your PHI for billing and payment purposes, including working with your insurance company or other third-party payer.
- **To run our organization:** We will disclose your protected health information as necessary and as permitted by law, for our healthcare operations. These operations include clinical improvement, professional peer review, business management, accreditation and licensing, and other activities necessary to maintain optimal levels of service.

We may disclose your protected health information to our business associates, who provide us with services necessary to maintain business operations. We will only provide the minimum information necessary for these associates to perform their functions as it relates to our operations. For example, we may use a third-party merchant processor to assist in our credit card billing services, but this merchant will never have access to your medical record. Please understand that all of our business associates are obligated to comply with the same privacy and security laws that we adhere to. Additionally, all of our business associates are under contract with us and are committed to protecting the privacy and security of your protected health information.

While the purposes outlined above are the most common purposes for using and sharing your PHI, we are also permitted to share your PHI in other ways, as listed below. However,

we typically have to meet certain conditions in the law before we can share your information for these purposes. For more information, see <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

- **To comply with legal requirements:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **To report suspected abuse, neglect, or domestic violence.** Your protected health information may be disclosed to the appropriate governmental agency if there is belief that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees to the disclosure, or if the provider is required by law to report the suspected abuse. In addition, your information may also be disclosed to prevent a serious threat to your health or safety or to the health and safety of others.
- **To respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **For workers' compensation claims.** We may disclose a limited amount of your protected health information when necessary to comply with a workers' compensation request. This information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.
- **Certain other purposes.** We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization under the following circumstances.
  - For public health activities or in connection with public health investigations;
  - To a governmental oversight agency conducting audits, investigations, or pursuant information in connection with civil or criminal proceedings;
  - To coroners or funeral directors, when the request is appropriate and made consistent with law;
  - If you are a member of the military, for national security or intelligence activities; and
  - For any other purpose required by law.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those listed in this Notice.

#### **IV. Your Rights Regarding Your Protected Health Information**

You have the following rights regarding your PHI:

- **The right to get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **The right to ask us to correct your medical record.** You have the right to request an amendment to your PHI if you believe it is inaccurate or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **The right to request restrictions on your information we use or share.** You can ask us not to use or share certain health information for treatment, payment, or to run our business. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **The right to receive a list of those with whom we have shared your information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **The right to request confidential communications.** You have the right to request confidential communication of your PHI. You can ask us to contact you in a specific way (i.e., by home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **The right to receive a paper copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request.
- **The right 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 and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **The right to file a complaint if you feel your rights are violated.** If you believe your privacy rights have been violated, you may complain to us by contacting us using the contact information in Section VI of this Notice. You may also file a complaint with the Secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## **V. Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**To contact individuals involved in your care.** 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. 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 protected health information with such individuals without your approval. We may also disclose limited amounts of your 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.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Disclosure of information about substance use disorders

Regarding the disclosure of psychotherapy notes, we must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes without obtaining your written authorization, which include the following scenarios.

- To carry out certain treatment, payment or healthcare operations (e.g. to defend ourselves in a legal action or other proceeding brought by you);
- To the Secretary of the Department of Health and Human Services as required by law;
- For health oversight activities authorized by law; or
- To medical examiners or coroners as permitted by law.

Regarding disclosures of information relating to substance use disorders, unless otherwise obligated by law, we must obtain your written authorization to disclose any information we maintain about your personal use with drugs or alcohol.

We will not use or disclose your information as part of fundraising efforts.

## **VI. Contact Information**

For further information about this Notice or to exercise your rights, please contact:

Dimensional Wellness  
6586 W. Atlantic Avenue #1035 Delray Beach, FL 33446  
561-247-1137  
[tina@atransformativejourney.com](mailto:tina@atransformativejourney.com)

## **VII. Changes to this Notice**

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. We will provide a copy of the revised Notice upon request.

Thank you for choosing Dimensional Wellness for your mental health care needs. We are dedicated to protecting your privacy and providing you with quality care.