

WOV Counseling Center
Notice of Privacy Practices

Dear Valued Patients and Clients,

This **Notice of Privacy Practices** is provided to you by WOV Counseling Center in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy laws. We are dedicated to safeguarding your protected health information (PHI) and ensuring that your privacy is respected and upheld.

Our Commitment to Your Privacy:

At WOV Counseling Center, we are committed to protecting the privacy and confidentiality of your medical records and other private information. We understand the importance of your PHI and are dedicated to maintaining its security. This notice explains our privacy practices and how we use and disclose your PHI.

Uses and Disclosures of PHI:

1. Treatment: We may use your PHI to provide you with quality medical and counseling services. This includes sharing your information with our healthcare professionals and staff who are involved in your care.

2. Payment: We may use and disclose your PHI for billing and insurance purposes. This may include sharing information with your insurance provider or a third-party payer to facilitate payment for services rendered.

3. Healthcare Operations: We may use your PHI for activities such as quality improvement, training, and administrative purposes to ensure the highest level of care. Your PHI may be shared with our staff members for these essential functions.

4. Required by Law: We will disclose your PHI when required by federal, state, or local law. This may include reporting certain diseases to public health authorities or complying with court orders.

5. Your Authorization: We will obtain your written authorization for any use or disclosure of your PHI that is not described in this notice. You have the right to revoke your authorization at any time.

6. Marketing and Research: We will obtain your authorization before using your PHI for marketing purposes or research unless permitted by law.

7. Family and Friends: In certain situations, we may share your PHI with family members, friends, or others involved in your care if you agree or when it is necessary for your healthcare or in the event of an emergency.

Your Rights Regarding PHI:

You have several rights concerning your PHI under HIPAA, including:

- The right to request access to and receive a copy of your medical records.
- The right to request amendments or corrections to your PHI.
- The right to request restrictions on the use and disclosure of your PHI.
- The right to request an accounting of certain disclosures of your PHI.
- The right to request confidential communication of your PHI.
- The right to file a complaint with us or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

Our Privacy Contact:

If you have questions about our privacy practices or would like to exercise your privacy rights, please contact our Privacy Officer:

Rachel Land-Bills
WOV Counseling Center
PO Box 580054, Elk Grove, Ca 95758
(916) 33=99-3413
rlandbills.mft@gmail.com

Complaints:

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact our Privacy Officer at the above contact information. We will not retaliate against you for filing a complaint.

Changes to this Notice:

We reserve the right to change our privacy practices and update this Notice of Privacy Practices. Any revisions will be posted at our facility and on our website, if applicable.

We value your trust and are committed to protecting your privacy. Please review this notice carefully, and if you have any questions or concerns, do not hesitate to contact our Privacy Officer.