



*Susan Weltner-Brunton, Ph.D.
& Associates, Inc.*

Notice of Privacy Practices

This notice describes how your psychological information is protected and disclosed, and how you may get access to this information if you wish.

This notice is mandated by the Health Insurance Portability and Accountability Act of 1996. This notice is effective September 23, 2013.

Complaints:

If you are concerned about any issues in this practice, including feeling that your privacy rights have been violated in any way, you may contact Dr. Weltner-Brunton directly at the practice. You may also send a written complaint to: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601 (PH: 312-886-2359/ FAX: 312-886-1807/ TDD: 312-353-5693)

921 Chatham Lane, Suite 112
Columbus, Ohio 43221
Phone: 614-754-7648
Fax: 614-754-7965

Notice of Privacy Practices

In providing services for you, we must obtain information from you. We use the information to create a record which is then used to provide quality care and to comply with certain laws. This record is personal psychological information which is protected by law and is called “protected health information”.

Uses and Disclosures of Protected Health Information

1) For Treatment: Your protected health information will be used to provide, coordinate, and manage your care. We may use your protected health information when we consult with another health care provider, such as your family physician. We may also consult with another mental health professional (without using names or identifying information) for assistance in your care.

2) For Payment: Your protected health information may be used to obtain payment from third party payers, such as when filing insurance claims, providing treatment plans to insurance companies, to check benefits or claim status, or to obtain prior approval for recommended services.

3) For Office Operations: Your protected health information may be shared for billing or collection purposes. Your protected health information may be viewed internally in our office for administrative operations, including audits and quality assurance.

4) As Required by Law: We will share protected health information about you when required to do so by federal, state, or local law.

5) To avoid serious threat to health and safety: We may use and share protected health information when necessary to prevent a serious threat to your health and safety, the public’s health and safety, or another person’s health and safety.

6) For reporting abuse or neglect: We may share certain protected health information with government agencies authorized by law to receive reports of abuse/neglect.

7) For Worker’s Compensation: We may disclose your protected health information if needed to obtain benefits determination.

Your Rights Regarding Your Protected Health Information

1) You may ask that we send communications to you by alternative means or at alternative locations to protect confidentiality. Please advise us of how you wish to be contacted by phone (for instance, by cell phone, not at work, etc.) PLEASE

BE ADVISED THAT CELL PHONE AND INTERNET COMMUNICATIONS ARE NOT SECURE.

2) You may inspect or copy your record although most clients find it more useful to discuss their concerns or review their records with their psychologist or social worker.

3) If electronic records are kept, you have the right to request and review your records in electronic format.

4) You may ask to amend your record. Your psychologists or social worker may deny your request if the information in the record is correct and complete, or if it was not created by us. If your request is denied, we will inform you in writing with the reason(s) for the denial. If your request is denied, you may file a statement of disagreement with us.

5) You may request restrictions on disclosures of your record.

6) You may ask for an accounting of disclosures of your record.

7) You have the right to restrict disclosures of your protected health information to insurance companies by paying in full out-of-pocket for services.

8) You have the right to opt out of disclosures of private health information for marketing purposes.

9) You have the right to have a copy of this notice if you wish.

Psychologists and Social Workers have the following duties:

1) We are required by law to maintain the privacy of your record and to provide you with the notice you are reading now.

2) We are required to get your written authorization for any disclosure of information not included under “Uses and Disclosures of Protected Health Information”.

3) We are permitted to keep “psychotherapy notes” separate from your record. These notes require specific authorization for their release.

4) We reserve the right to change these policies and practices, and will abide by these policies unless we notify you of changes which will be posted in our office.