

Empowered
Wellness



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NOTICE OF PRIVACY PRACTICES

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.

Empowered Wellness LLC is committed to protecting your privacy. Empowered Wellness LLC 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. Empowered Wellness LLC is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice’s legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

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

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. Empowered Wellness LLC may charge you a reasonable fee.
- Empowered Wellness LLC may deny your request if it 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. Empowered Wellness LLC may require you to make your request in writing and provide a reason for the request.
- Empowered Wellness LLC may deny your request. Empowered Wellness LLC 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 Empowered Wellness LLC to contact you in a specific way. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask Empowered Wellness LLC not to use or share PHI for treatment, payment, or business operations. Empowered Wellness LLC 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 Empowered Wellness LLC not to share PHI with your health insurer.
- You can ask for Empowered Wellness LLC 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 Empowered Wellness LLC using the following information:

Empowered Wellness LLC
 Phone: 3074396771
 Address: 301 Thelma Drive
 PMB: 266
 Casper, Wy 82609

- You can file a complaint with the U.S. 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/.
- Empowered Wellness LLC will not retaliate against you for filing a complaint.

CONFIDENTIALITY

I will protect the confidentiality of information discussed in our counseling sessions as specified by federal and state laws, written policies and ethical standards.

For any of the following reason, legally and ethically, I may violate our agreement of confidentiality:

- a) Suspected abuse or neglect of children, elderly, disabled, or incompetent.
- b) The validity of a will of a former client is consented.
- c) Information related to treatment is necessary to defend against a malpractice action brought by a client.
- d) An immediate threat of physical violence against a readily identifiable victim is disclosed to the clinician.
- e) In the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the clinician.
- f) The client alleges mental or emotional damages in civil litigation, or his/her/their mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation.
- g) The client is examined pursuant to a court order.

- h) In the context of investigations and hearing brought by the client and conducted by the board, where violations of this act are at issue.

This disclosure statement is required by the Mental Health Professions Licensing Act. I strive to maintain the highest quality of service. Therapeutic relationships are professional in nature; therefore, sexual intimacy and friendships between client and clinician is never appropriate. I will adhere to the Code of Ethics of the American Counseling Association.

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI Empowered Wellness LLC 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 our business. Empowered Wellness LLC typically uses or shares your health information in the following ways:

To treat you.

- Empowered Wellness LLC 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.

- Empowered Wellness LLC can use and share PHI to run the business, improve your care, and contact you.
- Example: Empowered Wellness LLC uses PHI to send you appointment reminders if you choose.

To bill for your services.

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

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object Empowered Wellness LLC may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- 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 to 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 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.
- Health Resources and Service Administration (HRSA) in connection with the NHSC/HRSA Site Grant Audit

To comply with other requests

- 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: Empowered Wellness LLC created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object Unless you object, the Practice 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.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

- Empowered Wellness LLC 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 Empowered Wellness LLC in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- Empowered Wellness LLC is required by law to maintain the privacy and security of PHI.
- Empowered Wellness LLC is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, Empowered Wellness LLC will abide by the more stringent law.
- Empowered Wellness LLC reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by Empowered Wellness LLC. Should Empowered Wellness LLC make changes, you may obtain a revised Notice by requesting a copy from Empowered Wellness LLC, using the information above, or by viewing a copy on the patient portal.
- Empowered Wellness LLC will inform you if PHI is compromised in a breach.
- This Notice is effective in our practice beginning on April 10, 2024