

Origin Wellness LLC

P.O Box 2056 Streetsboro, OH 44241

Phone:(440)-514-2411

Email: Originwellnessllc@gmail.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive. Origin Wellness LLC needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which Origin Wellness LLC may use and disclose health information about you. Origin Wellness LLC also describes your rights to the health information it keeps about you and describes certain obligations it has regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Terms of Notice can change and such changes will apply to all information Origin Wellness LLC has about you. The new Notice will be available upon request.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Origin Wellness LLC uses and discloses health information. For each category of uses or disclosures an explanation and example will be provided. Not every use or disclosure in a category will be listed. However,

all of the ways Origin Wellness LLC is permitted to use and disclose information will fall within one of the categories.

- For Treatment Payment or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization to carry out the provider's treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
- Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.
- Lawsuits and Disputes: If you are involved in a lawsuit, Origin Wellness LLC may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- Psychotherapy Notes. Origin Wellness LLC does keep "psychotherapy notes" and any use or disclosure of such notes requires your Authorization unless the use or disclosure is a) For my use in treating you b) For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy c) For my use in defending myself in legal proceedings instituted by you d) For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA e) Required by law and the use or disclosure is limited to the requirements of such law f) Required by law for certain health oversight

activities pertaining to the originator of the psychotherapy notes g) Required to help avert a serious threat to the health and safety of others.

- Marketing Purposes. As a therapist, I will not use or disclose your PHI for marketing purposes.
- Sale of PHI. As a therapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, Origin Wellness LLC can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities including reporting suspected child, elder, or animal abuse/neglect.
- Preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities including audits and investigations.
- For judicial and administrative proceedings including responding to a court or administrative order (although Origin Wellness LLC prefers to obtain an Authorization from you before doing so).
- For law enforcement purposes, including reporting crimes.
- Appointment reminders and health related benefits or services. Origin Wellness LLC may use and disclose your PHI to contact you to remind you that you have an appointment, different services, or benefits it can offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Origin Wellness LLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Origin Wellness LLC not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Origin Wellness is not required to agree to your request and may say "no" if they believe it would affect your health care.

- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operation purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How Origin Wellness LLC Sends PHI to You. You have the right to ask Origin Wellness LLC to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Origin Wellness will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Origin Wellness LLC has about you. They will provide you with a copy of your record or a summary of it. If you agree to receive a summary the summary will be provided within thirty days. A cost based fee will be initiated per every request.
- The Right to Get a List of the Disclosures Origin Wellness LLC Has Made. You have the right to request a list of instances in which your provider may have disclosed your PHI for purposes other than treatment, payment, health care operations, or for which you provided your provider with an Authorization. Origin Wellness LLC will respond to your request within 60 days of receiving your request. If you should make more than one request in the same year Origin Wellness LLC will charge you a reasonable cost based fee for each additional request.
- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice and you have the right to get a copy of this notice by email. You also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.