

# WEBER HUMAN SERVICES

## Notice of Privacy Practices

**This notice explains how your medical information can be used and shared, and how you can see and get a copy of it.**

**Please review it carefully.**

**237 26<sup>th</sup> Street  
Ogden, UT 84401  
(801) 625-3700**

**Website: [www.weberhs.net](http://www.weberhs.net)**

**E-mail: [contact@weberhs.org](mailto:contact@weberhs.org)**



**Effective: June 2017**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities.

- You can ask to see or get a copy of your medical record and other health information we have about you. Just ask us how. We will give you a copy or a summary of your health information, usually within 30 days. We may charge a small fee.
- You can ask us to fix health information about you if you think it's wrong or incomplete. Just ask us how. We might say "no" to your request, but we'll explain why in writing within 60 days.
- You can ask us to contact you in a specific way, like calling your home or office, or sending mail to a different address. We will say "yes" to any reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our work. We don't have to agree to your request, and we might say "no" if it would affect your care.
- If you fully pay for a service out of your own pocket, you can ask us not to share that information with your health insurance for payment or our work. We will say "yes" if allowed by the law.
- You can ask us for a list of times we shared your health information for the past six years. This list will show who we shared it with and why we did that. We will not include information about your treatment, payment, or regular health care operations. We won't include any shares that you asked us to make. You can get one list for free each year, but if you want another one within 12 months, there will be a small fee.
- If you agree to get this notice electronically, we will still give you a paper copy anytime you ask. We will do this promptly.
- Do you have a legal guardian? Have you given someone the power to make medical decisions for you? If so, that person can make choices about your health information. We will check to make sure that this person is allowed to act for you before we do anything.
- You can complain if you feel we have violated your rights. Use the information on page 1 to contact us for a complaint. 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We will not retaliate against you for filing a complaint.

## Your Choices

**For some health information, you can choose what we share.** If you have a clear idea of how you want us to share your information in the situations below, let us know. Tell us what you want, and we will follow your directions.

In these situations, you have the right to tell us to:

- Share information with your family, close friends, or others who are helping you;
- Share information in a disaster relief situation.

If you can't tell us what you want, like if you are unconscious, we might share your information. But we will only do that if we think it will help you. We can also share your information if we need to stop a serious threat to your health or safety.

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

- Marketing purposes;
- Sale of your information.

If we contact you for fundraising reasons and you don't want us to, you can tell us to stop.

## Our Uses and Disclosures

**How do we usually use or share your health information?** We usually use or share your health information in the ways listed below.

- **We can use your health information and share it with other's who are helping treat you.** Example: Your doctor might ask us about the medicine we gave you.
- **We can use your health information and share it to run our office, give you better care, and reach out to you if we need to.** Example: We use your health information to manage your treatment services.
- **We can use and share your health information to bill and get payment from health plans or other places.** Example: We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We might be required to share your information in other ways. We would usually to help the public, like for public health or research. Before we do this, we have to follow the law to protect your information.

For more information see:

[www.hss.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hss.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- We can share information about your health in some situations. See some examples below.
  - Preventing disease
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- We can use or share your information for health research.
- We will share your information if the law says we have to. We could share it with the Department of Health and Human

Services if they want to check that we are following privacy rules.

- We can share health information with a coroner, medical examiner, or funeral director when someone passes away.
- We can use or share health information for:
  - Workers' compensation claims
  - Law enforcement purposes or with a police officer
  - Health oversight agencies for activities authorized by law
  - Special government functions like military, national security and protection for the president.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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Special Notes:

- *We do not create or manage a hospital directory.*
- *We do not create or maintain psychotherapy notes at this practice.*

Additional Privacy Requirements of 42CFR Part 2: *We will never tell anyone that we are treating you for a substance use disorder without your permission unless:*

- *You commit a crime on our property or against our staff*
- *We need to report suspected child abuse or neglect, or are otherwise required to by law.*

*Violation of this law is a crime and may be reported to the appropriate authorities. <https://www.justice.gov/usao/district/ut>*

## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html)

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Effective: June 2017**

**To contact the WHS Privacy Officer:**

**801-625-3700**

**[contact@weberhs.org](mailto:contact@weberhs.org)**