

Hamner Psychological Services

Main Office

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(304) 842-7007

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Fairmont Office

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NOTICE OF PRIVACY PRACTICES

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

- Treatment is when a staff member provides, coordinates, or manages your health information and other services related to your health care when providing treatment. For example, when a staff member consults with your family physician to coordinate treatment.
- Payment is when your health information may be used to obtain reimbursement for your health care. For example, your health plan may request and receive information on dates of services, the services provided, or to determine eligibility or coverage.
- Healthcare operations is when your health information may be used as necessary to support the daily operations and performance of HPS. For example, information on services may be used to support budgeting and/or financial reporting.

II. Uses and Disclosures Requiring Authorization:

Disclosure of your health information or it's uses for any purpose other than those listed above requires your specific written authorization. In those instances, we will obtain an authorization from you before releasing this information. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage.

III. Uses and Disclosures with Neither Consent nor Authorization:

These exceptions include child abuse, health oversight, judicial or administrative proceedings, serious threat to health or safety, and/or workers compensation .

IV. Individual Rights:

You have certain individual rights under the federal privacy standards which include the right to

- request restrictions on certain uses and disclosures of protected health information (PHI) about you.

- request and receive confidential communications concerning your treatment and receive statements or bills at alternative locations
- inspect and copy your PHI or billing records, including when a therapist can deny such a request and the process for contesting any denial of access
- amend or submit corrections to your PHI , including when a therapist can deny such an amendment and the process for contesting any denial or access
- receive an accounting of how and to whom your PHI has been disclosed
- receive a printed copy of this notice.

V. HPS Duties:

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices outlined in this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Federal and state laws and regulations may require these changes to be made. Upon request, we will provide you with the most recently revised note on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

VI. Complaints:

If you would like further information or wish to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to Hamner Psychological Services, attention Tammy Hamner, 917 West Main St., Suite 203, Bridgeport 26330, 304-842-7007. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address listed above or to the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Ave., S. W. Room 509 F, HHH Building, Washington DC 20201. You will not be penalized or otherwise retaliated against for filing a complaint.

VII. Effective Date of this notice is July 29, 2019 and is the third revision. The original notice went into effect April 14, 2003 and the first revision on April 9, 2010, and second revision February 28, 2015.

*****When you attend your first appointment, your signature will be obtained on the HIPAA Client Acknowledgment Form. This signature indicates you have read the “Therapist Client Agreement” and agree to abide by it’s terms during our professional relationship. It also acknowledges you have read the “Notice of Privacy Practices”, and are aware your signature will be part of your clinical record.**