



## Notice of Privacy Practices for Wellspring Counseling

Effective Date: March 26, 2025

This Notice of Privacy Practices (NOPP) describes how medical information about you may be used and disclosed and how you can get access to this information. HIPAA is the Health Insurance Portability and Accountability Act, was enacted by the U.S. Congress in 1996. Its primary goal is to protect individuals' medical records and other personal health information. HIPAA includes provisions that protect the privacy and security of individuals' health information by establishing national standards.

### **Our Commitment to Your Privacy**

Wellspring Counseling, Inc. (includes administrative, therapist, and volunteers) is committed to protecting your privacy and confidentiality. We are required by law to maintain the privacy of your health information and to provide you with this NOPP, which explains our legal duties and privacy practices concerning your health information. Wellspring uses a HIPAA-compliant Electronic Medical Records System (EMR) called Insync Healthcare Solutions that maintains your client record which includes your demographic information, payments, and clinical notes. We continuously seek to safeguard your health information through administrative, physical, and technical means and otherwise abide by applicable federal and state laws.

### **Understanding Your Health Information**

Your health information includes demographic information that may identify you and relates to your past, present, or future mental health condition and related health care services. It may also include billing information that you provide us with, such as credit card information, or that we receive from a health plan or other provider of healthcare benefits on your behalf. We are committed to maintaining the privacy of your health information and using it only as necessary to provide treatment, obtain payment, and conduct healthcare operations.

## How We May Use and Disclose Your Health Information

We may use and disclose your health information for normal business activities that the law sees as falling in the categories of treatment, payment, healthcare operations, and as required by law. Generally, we do not need your permission for these disclosures under applicable law. Below we provide examples of those activities, although not every use or disclosure falling within each category is listed:

**Treatment:** We keep a record of the health information you provide us with. This record may include your assessments, diagnosis, medications, or other therapies, and information we learn about your mental health condition through our services. Wellspring staff may consult with each other but will never release information outside of Wellspring without your express written permission.

**Payment:** We document the services that you engage in when we are providing care to you so that you, your insurance company or another third party can pay us. We may be required to tell your insurance about upcoming treatments or services that require prior approval by your health plan. We will not disclose payment information or session attendance to anyone else without your express written permission.

**Health Care Operations:** Health information is used to improve the services we provide, to train staff, for business management, quality assessments and improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We will strive to keep your identity anonymous.

We may also use and disclose your health information to:

- Comply with federal, state or local laws that require disclosure.
- Inform authorities to protect victims of abuse or neglect.
- Respond to law enforcement officials or to judicial orders, subpoenas or other processes.
- Release dates or services or summaries of progress as required by an Employee Assistance Program to the employer.
- Recommend treatment alternatives.
- Communicate within our organization for treatment, payment, or healthcare operations.
- Provide information to other third parties with whom we do business, such as a record storage provider. However, you should know that in these situations, we require third parties to provide us with assurances that they will safeguard your information.

All other uses and disclosures, not previously described, may only be made with your written authorization. You may revoke your authorization at any time; however, this will not affect prior uses and disclosures. In some cases, state law may require that we apply Extra protections to some of your healing information. If you have not given us written permission to share information with a third party, we cannot and will not confirm or deny your status as a client or share any information about your treatment with us.

### **Your Rights Regarding Your Health Information**

You have the right to request restrictions on certain uses and disclosures of your health information, access and obtain copies of your health information, request amendments to your health information, receive an accounting of certain disclosures, request restriction on how we disclose your information and request communications of your health information by alternative means or at alternative locations. You also have the right to request a paper copy of this notice if you receive it electronically.

### **SMS Privacy Policy:**

AT Wellspring Counseling, we value your privacy and are committed to protecting your personal information. This Privacy Policy explains how we collect, use, and protect your data when you engage with our SMS services. We will send you a SMS message to send transactional messages related to the services you requested.

We do not share your personal information with third parties, except for service providers who help us operate our SMS system and send messages. These service providers are obligated to protect your information and are not permitted to use it for any other purposes.

Opt-In: You will only receive SMS messages from us after you explicitly opt-in by providing your phone number. By providing your phone number and agreeing to receive SMS, you consent to receive such messages from us.

Opt-Out: You can opt-out of receiving SMS messages at any time by texting "STOP" to the number from which you received the message. Once you opt-out, we will stop sending you messages.

We implement appropriate technical and organizational measures to protect your personal information from unauthorized access, loss, or misuse. However, no data transmission over the internet can be guaranteed to be 100% secure, so we cannot guarantee the absolute security of your information.

We do not share your personal information with third parties, except for service providers who help us operate our SMS system and send messages. These service providers are obligated to protect your information and are not permitted to use it for any other purposes.

## **Our Legal Duties**

We are required by law to maintain the privacy of your health information, provide you with this NOPP, and abide by the terms of this NOPP. We reserve the right to change our privacy practices and this NOPP at any time, with such changes being effective for all health information we maintain. If a breach of your information were to occur, Wellspring Counseling will provide a notice, as required by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

## **Contact Information**

If you have any questions or concerns about this NOPP or our privacy practices, or to file a complaint, please contact:

Wellspring Counseling  
14401 Old Cutler Road  
Palmetto Bay, FL 33158  
305-722-5380

[Privacy@wellspringmiami.org](mailto:Privacy@wellspringmiami.org)

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate or penalize you for filing a complaint with us or the Secretary. All written complaints must be submitted at:

200 Independence Ave., S.E.  
Washington, D.C. 20201  
1-800-537-7697

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Who will follow this notice?**

This Notice describes the health care practice of:

- Any Healthcare Professional authorized to access and/or enter information into your health records through Wellspring Counseling.
- All departments and units of Wellspring Counseling through which telehealth and in-person health services are provided.
- All affiliates and volunteers.