

## Privacy Notice Of Life Perspectives Counseling Services, LLC

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

### Your Rights:

- You can ask to see or get an electronic or paper copy of your mental health record and other Protected Health Information (PHI) we have about you.
- We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct information about you that you think is incorrect or incomplete. We may say "no" to your request, as in the case of psychotherapy notes, but we will tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us.
- You can also 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.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Where and/or with whom messages may be left.

We typically use or share your health information in the following ways:

### To Treat You

- We can use your health information and share it with other professionals who are treating you. For example to provide, coordinate, or manage your mental health care and any related services. We may disclose your PHI to physicians, therapists, other mental health providers, or other health care providers who are treating you or assisting in your diagnosis, treatment, or recovery.

### To Run the Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

For example in order to support the delivery of mental health care services we may call you by name in the waiting room area, or use or disclose your information, as necessary, to contact you to schedule an appointment or remind you of your appointment.

- We can use and share your health information to bill and get payment from health plans or other entities. For example we can give information about you to your health insurance plan so it will pay for your services, with the exception of out of pocket payment as mentioned above.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

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

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence especially in the case of minors.
- Preventing or reducing a serious threat to anyone's health or safety.
- Comply with the law to address workers' compensation, law enforcement, and other government requests.
- If state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- For body identification with a coroner, medical examiner, or funeral director.
- In response to a court or administrative order, or in response to a subpoena.

#### Our Responsibilities

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 in writing if you change your mind. However, any use or disclosure that occurred prior to the date you revoke this consent is not affected.

For more information see:

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

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 web site.

1/28/14