

# Lifescapes Counseling Associates, PLLC

## Notice of Privacy Practices

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

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

*Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this Notice are very detailed. If you have any questions our Privacy Officer will be happy to help you understand our procedures and your rights. The Privacy Officer's name and address are at the end of this notice.*

### **Introduction – To our Clients**

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals & organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you want to know more about anything in this notice, please ask our Privacy Officer for more explanations or more details.

### **What We Mean by “Your Medical Information”**

Each time you visit us or any doctor's office, hospital, clinic, or any other healthcare providers, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you have received from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record at our office.

### **In this office, your medical record is likely to include these kinds of information:**

- Your history – As a child, in school, and at work, marriage and personal history.
- Reasons you came for treatment – Your problems, complaints, symptoms, or needs.
- Diagnoses – Diagnoses are the medical terms for your problems or symptoms.
- Treatment Plan – A list of the treatments and any other services which we think will be best to help you.
- Progress Notes – Each time you come in we write notes about how you are doing, what we notice about you, & what you tell us.
- Records we have gotten from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medication you took or are taking.
- Legal matters.
- Billing and insurance information.
- Copies of correspondence received or sent out in your behalf.

### **We use this information for many purposes. For example, we may use it:**

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you, or who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- To improve the way we do our job by measuring the results of our work.
- For supervision, training, and consultation.

Although your health record is the physical property of the health care practitioner or facility that collected it, the information belongs to you. You can read it and if you want a copy we can make one for you (but we may charge you for the reasonable costs of doing so). In some very rare situations you cannot see all of what is in your records (for example, psychotherapy notes made by your therapist). If you find anything in your records that you think is incorrect or believe that something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. If you want, our Privacy Officer, whose name is at the end of this notice, can explain more about this.

*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).*

### **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 web site.

# Your Information. Your Rights. Our Responsibilities.

## YOUR RIGHTS

### *You have the right to:*

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## YOUR CHOICES

### *You have some choices in the way that we use and share information as we:*

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information (Lifescapes Counseling will not sell your private information)
- Raise funds

## OUR USES & DISCLOSURES

### *We may use and share your information as we:*

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## YOUR RIGHTS

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

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Please let us know if you need a copy of your medical record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may not agree to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- 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 agree to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may disagree 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 agree unless a law requires us to share that information. If you pay out of pocket because you have a deductible amount to meet under your insurance plan, and you choose NOT to allow us to communicate with or file claims to your insurance company, then the amount you pay for services will not be applied toward your deductible by your insurance company.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

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.

### Choose someone to act for you

- 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.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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 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 the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we never share your information unless you give us written permission:

- Marketing purposes (We will not release your private information for marketing purposes)
- Sale of your information (This will not be done by Lifescapes Counseling Associates, PLLC)
- Most sharing of psychotherapy notes
- We will not share substance abuse treatment records without your written permission

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR USES & DISCLOSURES

### How do we typically use or share your health information?

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

#### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### Run our organization

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

*Example: We use health information about you to manage your treatment and services.*

#### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan in the form of claims filing, so it will pay for your services.*

## 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. In these cases, we will always share only the minimal amount of private information to meet our legal and ethical requirements. 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).

### Help with public health and safety issues

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse or neglect of a child (under 18), a disabled person, or an elderly person
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research. Lifescapes Counseling does not currently participate in research studies. If your information was shared for research, every possible measure would be taken to anonymize the shared data.

### Comply with the law

We will share information about you 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.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you 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.

### If you have Questions or Problems

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your private health information has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Nicole Shawkey and can be reached by phone at 919-303-0273 (please leave a message if she is unavailable).

*The effective date of this updated notice is January 1, 2018.*