

LIGHTHOUSE COUNSELING SOLUTIONS

HIPPA 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.

I. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHr).

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present and future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. **Use** of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is **disclosed** when I release, transfer, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. However, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me.

II. HOW WILL I USE AND DISCLOSE YOUR PHI?

I may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others will not. Below you will find the different ways I may use or disclose your PHI.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations do not Require Your Prior Written Consent. I may use and disclose your PHI without your consent for the following reasons:

1. Treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you; I may disclose your PHI to him/her for coordination of treatment.

2. Health Care Operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Example: I may provide your PHI to my attorneys, accountants, consultants, and others to make sure I am in compliance with applicable laws.

3. Payment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for health care services I have provided to you.

4. Other Disclosures. Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. If I determine that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others.

2. To contact you, without your prior authorization, to provide appointment reminders or information about other health-related benefits and services that may be of interest to you.

3. If disclosure is otherwise specifically required by law. Example: when I am court ordered to release information.

4. If I suspect abuse or neglect of children or disabled or elderly adults.

C. Certain Uses and Disclosures Allow You to Have the Opportunity to Object. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in previous sections I will request your written authorization before using or disclosing your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

- A. **The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in my possession, or to get copies of it. However, you must request it in writing. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI; I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as the cost, in advance.
- B. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. **The Right to Choose How I Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work rather than your home address) or by an alternate method (for example, via email instead of regular mail). I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.
- D. **The Right to Get a List of the Disclosures I Have Made.** You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented (i.e. those for treatment, payment, or health care operations). Neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will

be held for six years. I will respond to your request for an accounting of the disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to whom the PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. **The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My written denial must state the reasons for the denial and explain your right to file a written statement objecting to the denial. If you do not file a written objection; you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the changes to your PHI.

F. **The Right to Request a Paper Copy or Email of This Notice**

IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you feel I have violated your privacy rights, or if you object to a decision I made about access to your PHI, you may file a complaint with me, or you may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about my privacy practices, I will in no way take any retaliatory action against you.

V. EFFECTIVE DATE OF THIS NOTICE.

This notice went into effect on April 14,2003.

I ACKNOWLEDGE RECIEPT OF THIS NOTICE

PRINT NAME: _____

DATE: _____

SIGNATURE: _____