

## **NOTICE OF PRIVACY PRACTICES**

### **Life Prep Counseling, LLC**

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

Mandated date of compliance April 14, 2003

Life Prep Counseling will only release information in accordance with state and federal laws and the professional ethics boards in which our staff's licensure reflect. This notice describes your policies related to the use and disclosure of the your healthcare information. Use and disclosure of protected health information for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may access copy of our notice (or any subsequent revised notice) at any time including from our website [lifeprep counseling.com](http://lifeprep counseling.com).

#### **Uses and Disclosures of Protected Health Information**

We will use and disclose the protected health information about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur.

##### Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, which includes the coordination or management of your health care with a third party. For example, we could disclose your protected health information, as necessary, to an outside provider that provides care to you.

##### Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities. For example, obtaining approval for continued care after a number of authorized visits are completed may require that your relevant protected health information be disclosed to the health plan to obtain approval for additional visits.

### Health Care Operations

We may use or disclose, as needed, your protected health information in order to conduct certain operational activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We could also share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may benefit your ongoing treatment as well.

### Uses and Disclosures Based On Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us a written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

### Others Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, the protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or in any way object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

### Public Health and Safety

We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

### Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

### Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.

### Law Enforcement

We may disclose limited information to a law enforcement official if it concerns the protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

### Criminal Activity

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### Required by Law

We may use or disclose your protected health information when we are required to do so by law. We may disclose your protected health information when authorized by workers' compensation or similar laws.

### Process and Proceedings

Under certain circumstances, we may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or any other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

## **Patient Rights**

### Access

You have, with limited exceptions, the right to look at or get copies of your protected health information. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. There will be a charge, if you request copies or letters on your behalf.

### Accounting of Disclosures

After April 14, 2003, you will have the right to receive a list of instances in which we or our business associates have disclosed your protected health information for purposes other than treatment, payment, health care operations, and certain other activities. We will be able to provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed and the reason for the disclosure. If you request this list more than once in a 12-month period, we may charge you a fee as outlined in our "documentation request form."

### Restriction Requests

You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may

make to a request for additional restrictions must be in writing, and signed by a person authorized to make such an agreement on our behalf.

#### Confidential Communication

You have the right to request that we communicate with you about your protected health information by alternative means or to an alternative location in confidence. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you or a third party payor such as your health insurance.

#### Amendment

You have the right to request that we amend your protected health information. This request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

#### Electronic Notice

If you receive this notice via our website or by electronic mail (e-mail), you are also entitled to receive this notice in written form. Please contact us at 732-497-8895 or contact our Office Manager, Danielle Babb at [dbabb@lifeprepcounseling.com](mailto:dbabb@lifeprepcounseling.com)

### **Questions and Complaints**

If you want more information about our privacy practices or have any questions or concerns, please contact us our Office Manager, Danielle Babb at [dbabb@lifeprepcounseling.com](mailto:dbabb@lifeprepcounseling.com) or 732-497-8895. If you believe that we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us or you may submit a written complaint to the U.S. Department of Health and Human Services. You may request their information from our Office Manager.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.