

LifeWorks

Notice of Privacy Practices (effective 8-26-13)

This notice describes how health information about you may be used and disclosed and how you can get access to this information pursuant to the Health Insurance Portability and Accountability Act (HIPAA). Please review it carefully.

We have a legal duty to safeguard your protected health information (PHI). PHI includes information that identifies you (or your child) and that has been created or received by us.

We are legally required to follow the privacy practices described in this notice, however, we reserve the right to change the terms of this notice at any time. Any changes will apply to PHI we already have. If we make important changes to our policies, we will promptly provide you with a copy of the new notice. You can request a copy of this notice at any time from our office.

How we may use and disclose health information about you

For Treatment. We may disclose your PHI to physicians, nurses, mental health professionals, or other health care personnel who provide services to you only with your authorization.

For Payment. We may use and disclose your PHI in order to bill and collect payment for treatment provided to you. This will be done only with your authorization. Payment-related activities include: obtaining eligibility or coverage information for insurance benefits, processing claims with your insurance carrier, or utilization review activities. If it is necessary to use collection processes because of lack of payment on your part, we will disclose only the minimum amount of information needed to do so.

For Health Care Operations. We may use or disclose your PHI for the purposes of management or administration of the Practice. For example, for reviews and audits such as compliance reviews or medical reviews, in order to evaluate the quality of services provided to you.

When Required by Law. We are required to make disclosures about victims of child abuse or neglect to the appropriate agency.

For Public Health. If required, we may provide information to local health authorities for the purposes of preventing or controlling certain diseases.

For Health Oversight Activities. For example, we will provide the necessary information to assist a government agency conducting an investigation or inspection of our health care activities.

For Judicial and Administrative Proceedings or for Law Enforcement Purposes. For example, we may provide PHI in response to a court order, or we may provide limited PHI to law enforcement officials' request for information for the purposes of identifying or locating a suspect, fugitive, material witness, or missing person.

To Avert Serious Threat to Health or Safety. For example, we may provide PHI if in good faith we believe it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

For Specific Government Purposes. For example, we may disclose PHI if we believe it is a matter of national security.

You have the following rights with respect to your PHI:

Right to Request Limits on Uses and Disclosures of Your PHI. We are not required, however, to agree or comply with your request.

Right to Request Confidential Communication. You have the right to request how we communicate with you (for example, send information to an alternate address). We will accommodate reasonable requests. If you do not wish phone calls reminding you of a scheduled appointment, please notify us. (It is our standard practice to call 48 hours before your appointment).

Right of Access to Inspect and Copy. This right applies except for information needed for civil, criminal or administrative actions and proceedings, and psychotherapy notes. Under certain circumstances your request may be denied, in which case we will notify you in writing with the reason for the denial, along with your right to a denial review. You may be charged a fee for copies of your PHI in accordance with state law. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that in advance.

Right to Amend. If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to your request. You must provide this request in writing, with the reason for the request. If we deny your request, we will notify you in writing, with the reason(s) for the denial. Please contact our Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have a right to a list of those instances in which we have disclosed your PHI. We may charge a reasonable fee if you request more than one accounting in a 12-month period.

Right to Request Restrictions. You may request a limitation on the use or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to your request, unless the PHI pertains to services you paid for out of pocket.

Breach Notification. If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notification. If you wish to receive a copy of this notification, please make this request known to your therapist or a member of our administrative staff.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Jay Bevis, LifeWorks, 205 East Union Street, Morganton, NC 28655. Alternatively, you may contact the Secretary of Health and Human Services at 200 Independence Avenue, S.W. , Washington, DC 20201 or call (202) 619-0257. We will not retaliate against you for filing a complaint.

Signature of Client or Legal Guardian

Date