

Your Information. Your Rights. Our Responsibilities.

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

Lessons in Freedom and Empowerment (L.I.F.E) values its clients and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain health information about our clients and their health care. "Protected Health Information" or "PHI" is information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition. It includes the provision of health care to you and the payment for that care. This Notice describes the privacy practices, which include how we may use, disclose, collect, handle, and protect our clients' Protected Health Information. We are required by federal and state laws to maintain the privacy of your Protected Health Information. We also are required by the Federal Health Insurance Portability and Accountability Act or "HIPAA" to give you this Notice about our privacy practices, our legal duties, and your rights concerning your Protected Health Information.

Therapists' licensed by the state of Pennsylvania, create and maintain treatment records that contain individually identifiable health information about you. This notice, among other things, concerns the privacy and confidentiality of those records and the information they contain.

We may be required or permitted to disclose your personal health information without your written authorization in other circumstances including, but not limited to the following:

When compelled by a court, board, commission, administrative agency, arbitration panel, or search warrant as long as the request is lawful and follows the guidelines established by law and the regulations of the requesting entity.

For the purposes of Reporting Child or Elder Abuse, Neglect or Domestic Violence to appropriate authorities. To report the need for additional services if there is belief that you have become a danger to your own safety or to the safety of other persons. To contact you to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. *Please advise your therapist of where and by what means you prefer to be contacted*

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- 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 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 a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. Please refer to the consent for treatment form for the fees associated with this service.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. Please understand that we are not required to amend the information in the record.

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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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.
- Request restrictions on certain uses and disclosures of protected health information.
- However, we are not required to agree to a restriction you request. We will discuss this issue if this occurs.
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Get a list of those with whom we’ve shared information

- Generally have the right to receive an accounting of any disclosures of your protected health information. On your request, your therapist will discuss with you the details of the accounting process.

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.

How we may Use and Disclose Health Information - Treatment, Payment, and Health Care Operations

Except in an emergency or other special circumstance, **LIFE** may use and disclose your PHI for the purposes of treatment, payment, and health care operations with your consent.

A. Treatment We may use and disclose your PHI in connection with your treatment and/or other services provided to you - for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may also disclose PHI to other providers (e.g., pharmacists or other members of our clinical staff) directly involved in your treatment.

B. Payment We may use and disclose your PHI to obtain payment for services that we provide to you. An example of payment is when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage. In some instances, we may use legal means, including hiring a collection agency, to secure payment if your account is overdue by 60 days and other arrangements have not been agreed upon.

C. Health Care Operations We may use and disclose your PHI for our health care operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of health care services. For example, we may use your PHI to evaluate the quality and competence of our clinical staff.

II. Uses and Disclosures of your PHI for which Neither Consent Nor Written Authorization is Required

LIFE may use or disclose PHI without your **LIFE** consent or authorization in the following circumstances:

A. Public Health Activities We may disclose your PHI for the following public health activities: 1) preventing or controlling disease, injury or disability; 2) reporting child abuse and neglect to public health or other government authorized by law to receive such reports; 3) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;

B. Victims of Adult Abuse, Neglect or Domestic Abuse If we reasonably believe you are an adult victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

C. Health Oversight Activities We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

D. Legal Proceedings Information concerning the provision of psychotherapy services or the

records thereof is usually regarded as privileged under state law. As such, this information will not be released without your written consent except in response to a court order.

E. Business Associates We may disclose PHI to our business associates. A "business associate" is an organization or persons outside the workforce of **LIFE** who receives PHI from us to provide services to, or on behalf of, our agency (e.g., accountant, lawyer, billing service, collection agency).

F. Research In most instances, we will ask for your written authorization when conducting research. However, we may use or disclose your PHI without specific authorization for research that has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of client information.

G. Public Safety We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a readily identified person or group of people. This may include directly advising the potential victim of the threat or intent.

H. Specialized Government Functions We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence or national security activities.

I. Workers' Compensation We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

J. As Required by Law We may use and disclose your PHI when required to do so by any other laws not already referenced above.

III. Uses and Disclosures Requiring your Specific Written Authorization LIFE may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate written authorization is obtained.

A. Marketing You have the option to receive notification of additional services provided by the organization and to receive newsletter information. The consent form to receive such information will be shown to you for your signature by your therapist.

B. Fund Raising LIFE may contact you as part of a fund raising effort through its newsletter and other means. You have the right to request not to receive subsequent fund raising materials.

C. Highly Confidential Information Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI: 1) Maintained in psychotherapy notes ("Psychotherapy notes" are notes recorded in any medium by a mental health professional documenting or analyzing a conversation during an individual, group, or family counseling session and that are separated from the rest of your medical record and accorded a higher level of privacy.); 2) documenting mental health and developmental disabilities services; 3) about drug and alcohol abuse, prevention, treatment and referral; relating to 4) HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. Your authorization for use or disclosure of psychotherapy notes may

not be combined with your authorization for use or disclosure of other PHI.

IV. Your Rights Regarding Your Protected Health Information

A. Right to Inspect and Copy your Health Information You may request to see and receive copies of your medical and billing records. To do so, please submit request to the appropriate RSTA office or department. You will be charged for copies in accordance with our cost. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you (for example, as specified by state or federal law or when a parent or legal guardian has previously agreed to a confidentiality agreement limiting access). Clients do not have a right to: 1). Inspect and copy psychotherapy notes; 2). Information compiled in reasonable anticipation of or for use in legal or administrative proceedings. Under certain circumstances, *LIFE* may deny your access to PHI (for example, if access were believed to cause physical danger to another person or to cause substantial harm to another person named in the PHI). If RSTA denies you access, we will explain why and what your rights are, including how to seek review of our decision to deny.

B. Right to Request Restrictions You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.

C. Right to Receive Confidential Communications You may request, and we will accommodate, to the extent that we can feasibly do so, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results.

D. Right to Amend Your Records You have the right to request that we amend PHI maintained in your medical or billing records. To do so, you must submit a written request to your therapist. Your request may be denied if we reasonably believe that the existing information is accurate and complete, if the PHI was not created by RSTA, or other special circumstances apply.

E. Right to Receive an Accounting of Disclosures You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred more than seven years prior.

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/.
- We will not retaliate against you for filing a complaint.

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.

For more information see: 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 and on the web site, and we can mail a copy to you upon request.

This notice is effective on February 1, 2014.