

# Lighting A New Way Counseling Services

Notice of Privacy Practices

Effective Date: 12/7/2016

*This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review this notice carefully.*

Your health record contains personal information about you and your health. This identifying Protected Health Information (PHI) pertains to your past, present and future physical and mental health conditions, and the rendering and payment of health care services. This Notice of Privacy Practices describes how we may use and/or disclose your PHI in accordance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding how you may gain access to and control your PHI.

## Table of Contents

- A) Introduction
- B) How our office may use or disclose your health information
- C) Your health information rights
  - 1. Right to request Special Privacy Protections
  - 2. Right to request Confidential Communications
  - 3. Right to inspect and copy
  - 4. Right to amend or supplement
  - 5. Right to an Accounting of Disclosures
  - 6. Right to a paper copy of this notice
- D) Changes to this Notice of Privacy Practices
- E) Complaints

### A) Introduction

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our office's Privacy Officer.

### B) How our office may use or disclose your health information

The law permits us to use or disclose your health information for the following purposes:

#### 1. Treatment

We use health information about you to provide your care. We disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your health information with other health care providers who will provide services which we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

#### 2. Payment

We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health insurance plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

#### 3. Health Care Operations

We may use and disclose health information about you for the operation of our healthcare practice. For example, we may use health information to make sure that our patients receive quality care, to review

our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to make improvements in our healthcare delivery system and we may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

4. Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

5. As Required By Law

We will disclose health information about you when required to do so by federal, state, or local law.

6. To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

7. Military and Veterans

If you are a member of the armed forces, if you served in the military in another country, or if you are separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs.

8. Public Health Risks

We may disclose health information about you for public health activities. These activities generally include the following:

- a. To prevent or control disease, injury or disability
- b. To report births and deaths
- c. To report child abuse or neglect
- d. To report reactions to medications or problems with products
- e. To notify people of recalls of products they may be using
- f. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- g. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

9. Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

10. Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

11. Law Enforcement

We may release health information if asked to do so by a law enforcement official:

- a. In response to a court order, subpoena, warrant, summons or similar process
- b. To identify or locate a suspect, fugitive, material witness, or missing person
- c. If you are the victim of a crime and we are unable to obtain your consent
- d. In an instance of criminal conduct at our facility
- e. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

12. Coroners, Health Examiners and Funeral Directors

We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

13. Family and Friends

With your express permission, we may release certain information about you to family or friends. For example, if you want someone else to pick up your pills for you, you can call the clinic, provide the requested information, and give notice of who will be picking up your pills.

#### 14. Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### 15. Marketing

We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you. We may also contact you regarding fundraising campaigns for our practice.

### C) Your health information rights

You have the following rights regarding health information we maintain about you:

#### 1. Right to Access

You have the right to inspect and copy, by written request, your personal health information with limited exceptions.

#### 2. Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us, in writing, to amend the information. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment if you ask us to amend information that:

- a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- b. Is not part of the health information kept by or for our practice
- c. Is not part of the information which you would be permitted to inspect and copy
- d. Is accurate and complete

#### 3. Right to an Accounting of Disclosures

You have the right to request an accounting of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations or disclosures that you or your personal representative authorized. Your request must state a time period that may not be longer than six years and may not include dates before the effective date of this Notice.

#### 4. Right to Receive Notice of a Breach

We are required to notify you of breaches of your unsecured protected health information. We will notify you of a breach by either first class mail or, if you have told us you want to receive information by e-mail, we will notify you by e-mail. If we do not have current contact information for you, we may notify you of a breach on our website.

#### 5. Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that access to your health information be denied to a particular member of our workforce who is known to you personally.

While we will try to accommodate your request for restrictions, we are not required to do so if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

#### 6. Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will accommodate all reasonable requests.

#### 7. Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time upon request.

8. Right to Revoke Permission

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain the records of the care that we provided to you.

D) Changes to this Notice of Privacy Practices

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility and on our website. The Notice contains the effective date on the first page.

E) Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

**You will not be penalized for filing a complaint.**

# Lighting A New Way Counseling Services

## Acknowledgment of Receipt of Notice of Privacy Practices

**Notice to Patient:**

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

**I acknowledge that I have received a copy of this office's Notice of Privacy practices.**

\_\_\_\_\_  
Please print your name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

We have made every effort to obtain written acknowledgement or receipt of our Notice of Privacy from this patient, but it could not be obtained because:

- The patient refused to sign
- Due to an emergency situation it was not possible to obtain acknowledgement
- We weren't able to communicate with the patient
- Other (Please provide specific details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date