

LiveWell Counseling – Notice of Privacy Practices

This notice describes how Personal Health Information (PHI) may be used and disclosed, how you can gain access to it, and the rights that govern it. Please review it carefully.

Notice of Privacy Practices

The terms of this Notice of Privacy Practices (“Notice”) apply to LiveWell Counseling, LLC and its affiliates. LiveWell Counseling, LLC and its affiliates will share Personal Health Information (PHI) of clients as necessary to carry out treatment, payment, and health care operations as permitted by law.

I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice for as long as it remains in effect. I reserve the right to change the terms of this Notice as necessary and to make a new Notice of Privacy Practices effective for all PHI maintained by LiveWell Counseling, LLC and its affiliates.

Uses and Disclosures of your PHI

Authorization and Consent: Except as outlined below, I will not use or disclose for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once I receive it in writing. However, such revocation shall not be effective to the extent that I have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining payment or insurance coverage.

Uses and Disclosures for Treatment: I will make uses and disclosures of your PHI as necessary for your treatment. Doctors, nurses, and other professionals involved in your care may use your PHI for treatment.

Uses and Disclosures for Payment: I will make uses and disclosures of your PHI as necessary for payment purposes. During the normal course of business operations, I may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. I may also use your information to prepare a bill to send to you for payment, or a statement for you to submit to your insurance company.

Uses and Disclosures for Health Care Operations: I will make uses and disclosures of your PHI as necessary, and as permitted by law for health care operations, which may include clinical improvement, professional peer review, and consultation.

Individuals Involved in Your Care: I may disclose your PHI to designated family, friends and others who are involved in your care or in payment of your care, in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and I determine that a limited disclosure may be in your best interest, I may share limited PHI with such individuals without your approval.

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Appointments and Services: I may contact you by phone, email, or text to provide appointment updates or information about your treatment or other health-related benefits and services. You have the right to request that you receive communications regarding your PHI by alternative method.

Other Uses and Disclosures: I am permitted and/or required by law to make the following uses and disclosures of your PHI without your consent or authorization:

- Any purpose required by law
- If I suspect child abuse or neglect
- If I believe you to be a victim of abuse, neglect or domestic violence
- To a government agency conducting audits, investigations, civil or criminal proceedings
- Court or administrative ordered subpoena or discovery request
- To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect or domestic violence.
- To coroners and/or funeral directors consistent with law
- To workers' compensation agencies for workers' compensation benefit determination
- For research purposes

Uses and Disclosures of Your PHI Requiring Authorization

Psychotherapy Notes: I must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which I may disclose psychotherapy notes without obtaining your written authorization including the following: (1) to carry out certain treatment, payment or healthcare operations, and to defend ourselves in a legal action or other proceeding brought by you, (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) for the purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public.

Marketing: I must obtain your authorization for any use or disclosure of your PHI for marketing.

Sale of Protected Information: I must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your health information

Your Rights Regarding Your PHI

Access to Your PHI: You have the right to copy and/or inspect much of the PHI that I retain on your behalf. For PHI that I maintain in any electronic designated record, you may request a copy of such health information in a reasonable electronic format, if readily producible.

Amendments to Your PHI: You have the right to request in writing that PHI that I maintain about you be amended or corrected. I am not obligated to make requested amendments, but I will give each request careful consideration.

Accounting for Disclosures of Your PHI: You have the right to receive an accounting of certain disclosures made of your PHI. Requests must be made in writing. The first accounting in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

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Restrictions on Use and Disclosure of Your PHI: You have the right to request restrictions on uses and disclosures of your PHI for treatment, payment, or health care operations. I am not required to agree to most restriction requests, but will attempt to accommodate reasonable requests when appropriate.

Right to Notice of Breach: I am required by law to protect the privacy and security of your PHI through appropriate safeguards. I will notify you in the event a breach occurs involving or potentially involving your unsecured health information, and inform you of what steps you may need to take to protect yourself.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

Office for Civil Rights Department of HHS: Jacob Javits Federal Building 26 Federal Plaza - Suite 3312 New York, NY 10278 Voice Phone (212) 264-3313 FAX (212) 264-3039 TDD (212) 264-2355

Acknowledgement of Receipt of Privacy Notice

This notice went into effect on MAY 15, 2020. If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact me at (206) 607-9227.

By signing below, I am agreeing that I have read, understand, and agree to all items contained in this document.

Signature

Date

Name (please print)