



Notice of Privacy Practice (Page 1)

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

At Life Counseling Center, Inc. (LCC), we understand that information about you and your health is personal. We are required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the notice that is currently in effect.

HOW LCC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

LCC protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits us to use or disclose your health information for the following purposes without your authorization:

- For Treatment. Information obtained by LCC will be used to dispense prescriptions to you. We may disclose health information about you to pharmacists and other persons who are involved in your health care.
- For Payment. We may use and disclose your health information so that our services may be billed to, and payment may be collected from you, an insurance company, or a third party.
- For Health Care Operations. We may use and disclose health information about you for clinical operations. Unless you provide us with alternative instructions, we may send visit reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Clinic and make sure that you receive quality customer service.
- As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law.
- 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.
- Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following: 1) to prevent or control disease, injury, or disability 2) to report reactions to medications or problems with products 3) to notify people of recalls of products they may be using 4) 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, and 5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree and when required or authorized by law).
- For Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections, and licensure.
- Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. 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, but only if efforts have been made to tell you about the request (which may include written notice to you), or to obtain an order protecting the information requested.
- For Specific Government Functions. LCC may disclose health information for the following specific government functions: 1) health information of military personnel, as required by military command authorities 2) health information of inmates, to a correctional institution or law enforcement official 3) in response to a request from law enforcement, if certain conditions are satisfied, and 4) for national security reasons.

LCC MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this notice, we will not use or disclose your health information without your written authorization. If you do authorize LCC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- To request restrictions on certain uses and disclosures of your health information. LCC is not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.
- To inspect and copy your health information as long as the clinic maintains the health information. Your health information usually will include treatment and billing records. To inspect or copy your health information, you must submit a written request to LCC. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have a right to choose to obtain a summary instead of a copy of your health information.
- To request that LCC amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request (form available from your clinic), along with the reason for the request. LCC is not required to amend health information that is accurate and complete or if it was not created by us.
- To request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. Your request must state how or when you would like to be contacted.

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CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

LCC reserves 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. Any revised notice will be posted in the clinic. Upon request, we will provide a revised notice to you.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about LCC privacy practices, you may contact the Compliance Officer at the location where services were rendered. If you believe your privacy rights have been violated, you can file a verbal or written complaint with the Compliance Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from LCC. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.