

LIVE YOURSELF, LLC
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, I will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

A. General Uses and Disclosures Not Requiring the Client's Consent. We may use and disclose protected health information about you without your authorization in the following circumstances.

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, we may use your information to plan your course of treatment and to consult with another health care provider to ensure the most appropriate methods are being used to assist you.
2. *Payment.* Payment refers to the activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. We may use and give your information to others to bill and collect payment for the treatment and services provided to you. For example, we may share portions of your information with billing services and billing personnel, collection services, insurance companies, health plans, and third party payers which provide you coverage. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
3. *Health Care Operations.* Health Care Operations refers to activities that are regular functions of management and administrative activities. For example, we may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business management and general administrative activities, and planning for future operations.
4. *Contacting the Client.* We may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. *Required by Law.* We will disclose protected health information when required by law. This includes, but is not limited to the following situations:
 - i. Reporting child abuse or neglect;
 - ii. When the disclosure is for judicial and administrative proceedings, for example in response to an order of a court or administrative tribunal;
 - iii. When there is a legal duty to warn or take action regarding imminent danger to others;
 - iv. When the client is a danger to self or others or is gravely disabled;
 - v. When required to report certain communicable diseases and certain injuries;
 - vi. When a Coroner is investigating the client's death; and

- vii. To government regulatory and oversight agencies which are authorized by law to oversee our operations.
 6. *Crimes on the premises or observed by therapist.* Crimes that are observed by the therapist, which are directed toward the therapist or occur on the property of the therapist's place of business, will be reported to law enforcement.
 7. *Business Associates.* Some of the functions of the health care providers may be provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform these services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. In those situations, the business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
 8. *Research.* We may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR §164.512(i).
 9. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, and others, as necessary to provide the care and management coordination needed.
 10. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
 11. *Emergencies.* In the life threatening emergencies, we will disclose information necessary to avoid serious harm or death.
- B. *Client Authorization or Consent.* We may not use or disclose protected health information in any other way without a signed Authorization or Release of Information. When you sign an Authorization or Release of Information, it may later be revoked, provided that the revocation is in writing. The revocation will apply except to the extent that we have already relied on it.
- C. *Psychotherapy Notes.* We maintain psychotherapy notes separately from the remainder of our records. Use or disclosure of these notes will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; (b) the therapist who wrote the notes uses them for your treatment; (c) we may use them for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (d) if you bring a legal action and we have to defend ourselves; and (e) certain limited circumstances defined by law.

II. YOUR RIGHTS AS A CLIENT:

- A. *Additional Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. We are not required to agree to your request, and

there are certain limits to any restriction, which will be provided to you at the time of your request. To exercise this right, ask your therapist for the appropriate request form.

- B. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of protected health information by alternative means or at alternative locations. For example, if you do not want to receive bills or other materials at your home, you can request that this information be sent to another address. To exercise this right, ask your therapist for the appropriate request form.
- C. **Access to Protected Health Information.** You have the right to inspect and obtain a copy of the protected health information contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. There are some limitations to this right, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To exercise this right, ask your therapist for the appropriate request form.
- D. **Amendment of Your Record.** You have the right to request amendment of your protected health information. Your request must be in writing and it must explain why the information should be amended. We are not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To exercise this right, ask your therapist for the appropriate request form.
- E. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures we have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures authorized by you. There are other exceptions that will be provided to you, should you request an accounting. To exercise this right, ask your therapist for the appropriate *request form*.
- F. *Copy of the Notice.* You have a right to request a paper copy of this Notice at any time.

III. ADDITIONAL INFORMATION:

- A. **Privacy Law.** We are required to abide by the terms of this Notice, or any amended Notice that may follow.
- B. **Terms of the Notice.** We are required to abide by the terms of this Notice, or any amended Notice that may follow.
- C. **Changes to the Notice.** We reserve the right to change our privacy practices and the terms of this Notice at any time, and to make the new Notice provisions effective for all protected health information that we maintain. Copies of the revised Notice will be available upon request.
- D. **Complaints Regarding Privacy Rights.** If you are concerned that we may have violated your privacy rights, you may file a complaint to your therapist. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services,

200 Independence Avenue, S.W. Room 515F, HHH Bldg. Washington, D.C. 20201. It is our policy that there will be no retaliation for your filing of such a complaint.

- E. Effective Date. This Notice is effective July 1, 2009.
- F. Additional Information. If you want more information about our privacy practices or have questions or concerns, please contact your therapist.

Client Signature:

Date:

Therapist Signature:

Date: