



ATTENTION CLIENTS:

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

Notice of Privacy Policies

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A. Introduction - To Clients of Life Resources.

This Notice will explain how Life Resources handles information about you. It describes how Life Resources uses this information in our offices, how shares it with other professionals and organizations, and how you can see it. Life Resources wants you to know all of this so that you can make the best decisions for yourself and your family. Life Resources is also required to tell you about this because of the privacy regulations of federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”). Because this law, other federal laws, and the laws of the State of South Carolina are complicated, Life Resources has simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask for more explanation or details.

B. What Life Resources means by Your Medical Information

Each time you visit Life Resources or any healthcare office, hospital, clinic, or any other “health care provider”, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services you received from Life Resources or from others, or about payment for health care. The information Life Resources collects from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your personal or health care record or file at our offices. At Life Resources, PHI is likely to include these kinds of information:

- ❖ Your history – As a child, in school and at work, and marital and personal history
- ❖ Reasons you came for treatment – Your problems, complaints, symptoms, needs, and goals
- ❖ The treatments and other services which your Life Resources thinks will best help you
- ❖ Progress notes – Notes about what you report and what your therapist observes about you and how you are doing
- ❖ Records – These include records Life Resources receives from others who treated or evaluated you
- ❖ Psychological test scores, school records, etc
- ❖ Information about medications you took or are taking
- ❖ Legal matters
- ❖ Billing, payment, and insurance information

**890 Johnnie Dodds Blvd., Building 3 Suite A, Mt. Pleasant, SC 29464 | 843.884.3888
www.myliferesources.org | email: admin@myliferesources.org | fax: 843.884.8124**



The above is not intended to be an exhaustive list of every type of information that goes into your record at Life Resources. Life Resources uses this information for many purposes. For example, we may use it:

- ❖ To plan your care and treatment
- ❖ To decide how well our treatments are working for you
- ❖ When we talk with other health care professionals who are also treating you, such your family doctor, psychiatrist, or the professional who referred you to us
- ❖ To show that you actually received the services from us which we billed to you or to your health insurance company
- ❖ For teaching and training other health care professionals
- ❖ For medical or psychological research
- ❖ For public health officials trying to improve health care in this country
- ❖ To improve the way we do our job by measuring the results of our work

Although, your health record is the physical property of Life Resources, the information belongs to you.

You can inspect, read, or review it. If you want a copy we can make one for you but may charge you for the cost of copying (and mailing if you want it mailed to you). In some very unusual situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or if you feel something important is missing, you can ask us to amend your records. In some rare situations, we do not have to agree.

C. Privacy and the Laws about Privacy

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices in this called the Notice of Privacy Practices or NPP. Life Resources will obey the rules of this notice as long as it is in effect. If Life Resources changes our NPP, the rules of the new NPP will apply to all of the PHI we keep. If we change the NPP, we will post the new NPP in our offices where clients can see. You or anyone else can also get a copy from our Privacy Officer at any time and it will be posted on our website and in our reception area.

D. How Your Protected Health Information (“PHI”) Can Be Used And Shared

When your information is read by your therapist or another professional at Life Resources it is called, in the law, “use”. If the information is shared with or sent to others outside of this office, this is called, in the law, “disclosure”. Except in some special circumstances, when we use your PHI at Life Resources or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, to know how it is used and to have a say in how it is disclosed.

Life Resources uses and discloses PHI for several reasons. Mainly, we do so for routine purposes (see below). For non-routine uses, we must tell you about disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your authorization.

D1. Uses and Disclosures of PHI in Health Care Allowed under HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows us to use your protected health information (PHI) for treatment, payment, and health care operations (“TPO”). In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and HIPAA allows us to use and disclose your PHI for TPO. However, we are required by the law to give you notice of how we use your PHI and have you sign a form acknowledging that we have provided you with this notice. You are asked to sign an Acknowledgement form after you have received this notice and before you receive services at Life Resources.

D1a. The Basic Uses and Disclosures—For Treatment, Payment, and Health Care Operations (TPO)

Life Resources needs information about you and your condition to provide services to you. You must agree to let us collect the information and to use it and share it as necessary to care for you properly.

When you come to Life Resources, several people in our office may collect information about you, all of this information may go into your health care records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called health care operations, all of which are described below.

For Treatment

We use your medical information to provide you with psychological, counseling, and educational treatment or services. These might include individual, family or group therapy, psychological, educational, or career assessment, treatment planning, or measuring the effects of our services.

Under HIPAA, providers such Life Resources may share or disclose your PHI to others who provide treatment to you, such as your psychiatrist or personal physician, without obtaining your authorization to do so.

Life Resources may ask you to sign an Authorization form to share or disclose your PHI with other providers who are treating you, such as your psychiatrist or personal physician. For example, if you are being treated by a team, we may ask if we can share some of your PHI with them so that the services you receive will be coordinated. If you sign an

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Authorization form, the other providers who are treating you may also enter their findings, the actions they took, and their plans into your record.

During the course of your treatment at Life Resources, we may refer you to other professionals or consultants for services we cannot offer. When we do this, we may need to tell them some things about you and your conditions. We will ask you to sign an Authorization form so that we may share your PHI with these providers. If you agree to do so, we may get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we may also ask you to sign an Authorization form so that we may share your PHI with them.

Some of the therapists at Life Resources are required to have supervision. These therapists include the nonlicensed therapists, interns, and externs. As part of supervision, these therapists meet with their supervisors to discuss their cases. We do not ask you to sign an Authorization form to allow your therapist to discuss your PHI with their supervisor, as this is not required under HIPAA.

For Payment

Under HIPAA, we may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We do not have to receive your authorization to share this information, but we are required to inform you of how we use your PHI for payment.

For Health Care Operations

There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for the services that are needed. If we do, your name and identity will be removed from what we send. We do not have to receive your authorization to share this information, but we are required to inform you of how we use your PHI for health care operations.

D1b. Other Uses and Disclosures in Health Care

- ❖ Appointment Scheduling/Rescheduling. We may use and disclose medical information to schedule or reschedule your appointments for treatment or other care. Please let us know your preferred contact numbers.
- ❖ Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.
- ❖ Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- ❖ Research. HIPAA allows agencies such as Life Resources to use or share your information to do research to improve treatments. In all cases your name, address, and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.
- ❖ Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include, but are not limited to, insurance billing services, auditors, and attorneys. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

D2. Uses and Disclosures Requiring Your Authorization

If we want to use your information for any purpose besides TPO or those we described above, we need your permission on an Authorization form.

If you do authorize us to use or disclose your PHI, you can revoke (or cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes to which we agreed. Of course, we cannot take back any information we have already disclosed with your permission or that we have used in our office.

D3. Uses and Disclosures Not Requiring Your Authorization

The law lets us use and disclose some of your PHI without your authorization in some cases.

When Required by Law. There are some federal, state, and local laws that require us to disclose PHI.

- ❖ We have to report suspected child abuse or elder abuse



- ❖ If you are involved in a lawsuit or legal proceedings and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, and informing you how to get a court order to protect the information they requested
- ❖ We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws

For Law Enforcement Purposes. We may release medical information if asked to do so by a law enforcement official to investigate a crime or a criminal.

For Public Health Activities. We might disclose some of your PHI to agencies which investigate diseases or injuries.

Relating to Decedents. We might disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

For Specific Government Functions. We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensation programs, and for national security reasons.

To Prevent a Serious Threat to Health or Safety. If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent or reduce the threat.

D4. Uses and Disclosures Requiring You to Have an Opportunity to Object

Under HIPAA, providers such as Life Resources can share some information about you with your family or others close to you. The law also requires you to have an opportunity to object to providers sharing this information with others. Historically, Life Resources has asked clients to sign an Authorization form before sharing information with anyone other than a parent or a legally-authorized representative. Although HIPAA allows providers such as Life Resources to share this information without your authorization, Life Resources has decided that we will continue to ask for your authorization before doing so. If you sign an Authorization form allowing us to share some information about you with family or close others designated on your Authorization form, you can tell us what you want us to share or not to share, and we will honor your wishes. In case of emergency, we can share your PHI without your permission if we do share information in an emergency, we will tell you as soon as we can. If you do not approve, we will stop, as long as it is not against the law.

D5. An Accounting of Disclosures Life Resources Has Made

When we disclose your PHI, we keep records of what we sent, to whom we sent it, and when we sent it. You can get an accounting list of many of these disclosures by asking for it in writing.

E. Your Rights Regarding Your Health Information

Right to Notice. You have the right to receive adequate notice of the uses and disclosures of protected health information that may be made by Life Resources and of your rights and Life Resources legal duties with respect to protected health information. Life Resources is providing you with a written copy of our Notice of Privacy Practices (NPP) to give you this information.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your protected health information. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or if there is an emergency, or when the information is necessary to treat you. If you would like to request restrictions on certain uses and disclosures of your protected health information, please ask your therapist or Life Resources Privacy Officer for instructions on how to complete a written request form.

Right to Confidential Communications. You have the right to receive confidential communications of your protected health information. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home and not at work, or to schedule or cancel an appointment. We will try our best to do as you ask. You can tell us how we should communicate with you by noting your preferred means of communication.

Right to Inspect and Copy. You have the right to inspect and copy your protected health information. You have the right to look at the health information we have about you, such as your medical and billing records. You can even get a copy of these records, but we may charge you. If you would like to inspect and copy your protected health information, please ask your therapist or Life Resources Privacy Officer for instructions on how to submit a written request.

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Right to Amend. You have the right to amend your protected health information. If you believe the information in your records is incorrect or incomplete, you can ask us to amend, or make some changes to, your health information. You must tell us the reasons you want to make these changes. If you would like to amend your protected health information, please ask your therapist or Life Resources Privacy Officer for instructions on how to submit a written request.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your protected health information that Life Resources has made. If you would like to request an accounting of disclosures, please ask your therapist, service provider, or The Life Resources Privacy Officer for instructions on how to submit a written request.

Right to Receive a Copy of This Notice. You have the right to obtain a paper copy of Life Resources Notice of Privacy Practices. If we change this NPP, we will post it in our lobby and on our web site.

Right to Make a Complaint. You have the right to file a complaint if you believe that your privacy rights have been violated. You can file a complaint with Life Resources Director. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

F. If You Have Questions or Problems

If you need more information or have questions about the privacy practices described above, please speak to Life Resources Privacy Officer.

If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the Privacy Officer for instructions on how to file a complaint. You may have someone represent you during the complaint process if you wish.

If you have any questions regarding this notice or our health information privacy policies, please contact Life Resources Privacy Officer, whose information is provided below:

Business Office Manager (843) 884-3888