



# LIVEWELL

## PSYCHIATRY

### NOTICE OF PRIVACY PRACTICES

Updated 5-1-16

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. THIS INFORMATION IS MADE AVAILABLE TO ALL PATIENTS. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This notice summarizes our duties and your rights concerning your protected health information. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

#### Changes to This Notice

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information we maintain. We will post a copy of the current Notice in our reception area. You may obtain a copy of the current Notice in our reception area, or by requesting one at the front desk.

#### Uses and Disclosures of Information That We May Make *Without* Written Authorization

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

**Treatment.** We may use protected health information about you to provide you with medical treatment or services. We may disclose your information to other physicians, hospitals, pharmacies, labs, or health care providers to coordinate your care, or allow them to participate in your treatment.

**Payment.** We may use or disclose protected health information about you so we may obtain payment for treatment provided to you. For example: we may disclose information from your medical records to your health insurance plan to obtain pre-authorization for treatment, inquire whether a service is covered, or submit a claim for payment.

**Healthcare Operations.** We may use or disclose protected health information for certain health care operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use your protected health information for assessing the quality of care we provide, training our employees, and operating our business.

**Appointments and Services.** We may contact you to make or change an appointment, or as a reminder of an upcoming appointment. This may be by phone by a staff member, by our automated messaging system, in writing, by leaving a message with someone in your home, or on an answering machine. You have the right to request, and we will accommodate reasonable requests, for restrictions on this communication. For instance, if you wish to not have messages left at a particular phone number or mail sent to a particular address, we will accommodate such requests. You may request such confidential communication in *writing*, and may send your request to the Privacy Contact shown below. We will never provide your protected health information to any other business or person for marketing their products or services.

**Business Associates.** We may disclose protected health information to our third party business associates who perform activities involving protected health information for us, e.g., billing services, computer support, etc. Our contracts with the business associates require them to protect your health information.

**Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent of authorization.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by a court or administratively ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your protected health information for public health activities, such as required reporting of disease, reactions to medications, problems with products, or to participate in product recalls;
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may use or disclose protected health information to avert a serious threat to your health or safety or the health and safety of others;
- We may release your protected health information to coroners and/or funeral directors consistent with law;
- If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

## **Uses and Disclosures of Information That We May Make Unless You Object.**

**Persons Involved in Your Health Care.** Unless you object, we may disclose protected health information about you to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. We will limit the disclosure to the protected health information relevant to that person's involvement in your health care or payment.

## **Uses and Disclosures of Information That We May Make With Your Written Authorization.**

We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact shown below.

## **Psychotherapy Notes**

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Psychotherapy notes may not be disclosed without your authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is permitted or required by law;
- For legal and clinical oversight of the therapist who made the notes;
- To prevent or lessen a serious and imminent threat to the health or safety of the public.

## **Your Rights Concerning Your Protected Health Information.**

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to the Privacy Contact shown below.

**Right to Request Additional Restrictions.** You may request additional restrictions on the use of disclosure of your protected health information for treatment, payment, or health care operations. We are *not* required to agree to a requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

**Right to Receive Communication by Alternative Means.** We normally contact you by telephone or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

**Right to Inspect and Copy Records.** You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others. If we deny your request, you have the right to have such denial reviewed by a licensed health care professional for a second opinion. We will respond to your request for a copy of your records within thirty (30) days of such request. All requests must be made in writing, and we may require you to complete an Authorization for Release of Protected Health Information form.

**Right to Request Amendment to Record.** You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

**Right to an Accounting of Certain Disclosures.** You may receive an accounting of certain disclosures we have made of your protected health information in the six-year period immediately preceding the request. This right does not exist as to disclosures to carry out treatment, payment, or health care operations for ourselves or others, and disclosures made to you; disclosures made pursuant to a written authorization, disclosures to persons involved in your care, disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials; and other disclosures for which we are not required to make an accounting by law. 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.

**Right to a Copy of This Notice.** You have the right to obtain a paper copy of this Notice upon request.

**Complaints.** If you believe your rights regarding your protected health information as outlined in this Notice have been violated, you may file a written complaint with the Privacy Contact shown below. You may also make a complaint with the Secretary of the Department of Health and Human Services. All complaints submitted to us must be in writing. We will not retaliate against you for filing a complaint.

### **Privacy Contact**

If you have any questions about the Notice, or if you want to object to or complain about any use or disclosure, or exercise any right as explained above, please contact our Privacy Officer.

Privacy Officer  
Live Well Psychiatry  
2273 East Gala Street, Suite 100  
Meridian, ID 83642  
Ph: (208) 898-8999 Fax: (208) 898-8989