

# LifeLens Psychological & Counseling Services

Client Name: \_\_\_\_\_

Acct # \_\_\_\_\_

## Notice of Privacy Practices

Compliance with the American Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### **HIPAA**

*HIPAA was designed to ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.*

*LifeLens is required by law to maintain the privacy of the Protected Health Information (PHI) in all client records and is required to provide you with this notice of our legal duties and privacy practices.*

*Any use or disclosure of your PHI for anything other than treatment, payment, or health care operations requires you to sign an authorization. We will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.*

### **Treatment**

We will use client health information to make decisions about the provision, coordination or management of a client's healthcare, including analyzing or diagnosing of a client's condition and determining the appropriate treatment for that condition. It may be necessary to share this health information with another health provider with whom we need to consult with respect to a given client's care.

### **Medical Records**

LifeLens Psychological & Counseling Services maintains electronic medical records in compliance with federal regulations for security purposes.

### **Others Involved**

We may disclose a client's PHI to a family member, a relative, or a close friend to notify or assist in notifying a family member, personal representative or any other person involved in a client's care, of a client's location, general condition, or death. We may use or disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in a client's healthcare.

### **Exceptions**

LifeLens Psychological & Counseling Services may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect, or domestic violence. We must also provide health information when ordered by a court of law to do so. LifeLens utilize an "open waiting room" in which several people may be waiting for their appointments at the same time and in close proximity We will make all reasonable efforts to avoid discussing your PHI with others present, however, complete privacy may not be possible in this setting.

### **Operations**

Client health records may be used in our business planning and development operations, including improvements in our methods of operation, and general administrative functions. Typically this data will be restricted to demographic reports and will protect identifying information. LifeLens will not sell your health information or use it for marketing purposes.

### **Breach of PHI Privacy**



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Each client has a right to receive notice if a breach of PHI has occurred. LifeLens will provide notification if confidentiality of PHI has been breached.

## Emergencies

We are required to report to appropriate agencies and law-enforcement officials information if a client or another person is in immediate threat of danger to health or safety as a result of violent, or potentially violent activity. We are required to release information to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law. We may use or disclose a client's PHI in an emergency treatment situation and then obtain consent as soon as reasonably practicable. If a client is experiencing a substantial communication barrier and we determine, using professional judgment, that a client would elect to consent under the circumstances, we may use PHI to obtain needed treatment.

## Payment

We may need to use or disclose information in client health records to obtain reimbursement from a client or from a health-insurance carrier. This may include determinations of eligibility, coverage, certification and authorization. This information may be used for billing, claims management and collection purposes, and related healthcare data processing through our system.

## Client Rights

\* You may request that we restrict the uses and disclosures of your health record information for treatment, payment, and authorizations, except with regard to emergencies, and with regard in circumstances where we are required by to make full disclosure without restriction. We may not agree to restrictions that would endanger your well-being, or restrict ability to obtain payment for rendered services.

\* You have a right to inspect, copy, and request amendments to your health records. Access to your health records will not include psychotherapy notes or information compiled in anticipation of or for use in a civil, criminal or administration action or proceeding to which your access is restricted by law. We will charge a fee for providing a copy of your health records, or a summary of those records at your request. All requests for inspection, copying, or amending must be made in writing.

\* If you believe that your privacy rights with respect to confidential information in your health records have been violated, please let us know immediately.

\* You have a right to file a complaint to:  
Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue; Mail Stop RX-11  
Seattle, WA 98121  
(800) 362-1710

\_\_\_\_\_  
Client signature / Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

