

NOTICE OF PRIVACY PRACTICES

LifeWay Counseling Centers, Inc.
11161 Kenwood Rd., Cincinnati, Ohio 45242
(513) 769-4600 | www.lifewaycenters.com

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

Your Rights

- Get a copy of your record
- Request a correction
- Ask for confidential communication
- Request limits on some sharing
- Get a paper copy of this notice

Your Choices

- Tell us how to share with family or others involved in your care
- Tell us your preferences for certain communications
- Give written permission for uses that require authorization

Our Responsibilities

- Maintain the privacy and security of your PHI
- Follow the terms of this notice
- Notify you after certain breaches
- Make updated notices available when practices change

Our Pledge Regarding Health Information

We understand that protected health information (PHI) about you and your care is personal. We are required by law to protect the privacy of your PHI, give you this notice of our legal duties and privacy practices, and notify you if a breach occurs that may have compromised the privacy or security of your unsecured PHI.

How We May Use and Disclose Your Health Information

Treatment

We may use and share your health information to provide, coordinate, or manage your care. Example: We may share information with another provider who is treating you or to make a referral for services.

Payment

We may use and share your health information to bill for services and obtain payment from you, an insurance company, or another responsible party. Example: We may share information with your health plan to verify eligibility, obtain authorization, or support claims payment.

Health Care Operations

We may use and share your health information to run our practice, improve quality, train staff, conduct quality review, perform business planning, manage risk, and meet licensing or accreditation requirements. Example: We may review records as part of supervision, quality improvement, compliance, or internal auditing.

Technology and AI-Assisted Support

We may use secure technology tools, including transcription, documentation, summarization, or other data-processing tools, to support treatment, payment, and health care operations where permitted by law. When used, these tools are subject to our privacy and security practices and applicable vendor agreements, and clinical information used for care is reviewed by an appropriate workforce member. This notice does not grant any third party the right to use your information for its own purposes when not permitted by law. In some situations, the use of certain technology tools may also be described in a separate consent, authorization, or practice form.

Other Uses and Disclosures Allowed or Required by Law

- Public health and safety activities, such as reporting suspected abuse, neglect, or domestic violence when required or permitted by law, or helping prevent a serious and imminent threat to health or safety.
- Health oversight activities, audits, investigations, inspections, and licensure reviews authorized by law.
- Judicial and administrative proceedings, such as responding to a court order, subpoena, or other lawful process when allowed by law. However, we will not disclose your PHI to identify, investigate, or prosecute any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Law enforcement purposes in limited situations allowed by law. We are prohibited from making such disclosures for the purpose of investigating or prosecuting lawful reproductive health care.
- Workers' compensation and certain other government functions permitted by law.
- Research, subject to legal and ethical requirements.
- Coroners, medical examiners, funeral directors, organ procurement organizations, and similar purposes when permitted by law.
- As otherwise required by federal, state, or local law.

Uses and Disclosures That Require Your Written Authorization

We will obtain your written authorization for uses and disclosures that require it, including most uses and disclosures of psychotherapy notes, most marketing uses, and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this notice will be made only with your written authorization when required by law. You may revoke an authorization at any time in writing, except to the extent we have already acted in reliance on it.

Special Protection for Substance Use Disorder Records

To the extent we create or maintain substance use disorder patient records that are subject to 42 CFR Part 2, those records receive additional confidentiality protections. We will not use or disclose Part 2 records more broadly than allowed by that law. If we have Part 2 records about you, we will not use or share them in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a court order entered in accordance with 42 CFR Part 2. If disclosures of Part 2 records are made through an electronic health record for treatment, payment, or health care operations, you may have the right to request an accounting of those disclosures for the three years before your request, as provided by law. If we use Part 2 information for fundraising for our benefit, we will first give you clear notice and a chance to opt out.

Your Rights Regarding Your Health Information

Right to inspect and get a copy: You may ask to inspect or receive a paper or electronic copy of your medical record and other information we maintain about you in a designated record set. We may charge a reasonable, cost-based fee when allowed by law.

Right to request an amendment: If you believe information we maintain about you is incorrect or incomplete, you may request an amendment in writing.

Right to request restrictions: You may ask us to limit how we use or disclose your PHI. We are not required to agree to every request. However, if you pay in full out of pocket for an item or service, you may ask us not to disclose that information to your health plan for payment or operations purposes, and we will honor that request when the law requires us to do so.

Right to confidential communications: You may ask us to contact you in a specific way or at a specific location, and we will accommodate reasonable requests.

Right to an accounting of disclosures: You may request a list of certain disclosures we made of your PHI, as provided by law. To the extent we create or maintain records subject to 42 CFR Part 2, you may also have the right to an accounting of certain disclosures of those records made through an electronic health record for

treatment, payment, and health care operations during the three years before your request, as provided by law.

Right to choose a personal representative: If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information, consistent with applicable law.

Right to a paper copy of this notice: You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Your Choices

In some situations, you have the right and choice to tell us to:

- Share information with family members, close friends, clergy, or others involved in your care or payment for your care.
- Leave messages for you in a particular way.
- Use or disclose information for purposes that require authorization.

If you are not able to tell us your preference, for example in an emergency, we may share information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide you with this notice of our legal duties and privacy practices.
- We are required to abide by the terms of the notice currently in effect.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your unsecured PHI.
- We reserve the right to change the terms of this notice and make the new terms effective for all PHI we maintain. When we make a material change, we will post the revised notice in our office and on our website and make copies available upon request.

Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with LifeWay Counseling Centers, Inc. or with the Secretary of the U.S. Department of Health and Human Services. If your concern involves records subject to 42 CFR Part 2, you may also file a complaint with the U.S. Department of Health and Human Services for an alleged violation of those protections. We will not retaliate against you for filing a complaint.

Privacy Officer
LifeWay Counseling Centers, Inc.
11161 Kenwood Rd.
Cincinnati, Ohio 45242
Phone: (513) 769-4600

You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/hipaa/filing-a-complaint.

Effective Date: April 14, 2003
Revised: February 16, 2026