



NOTICE OF PRIVACY PRACTICES

The 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.

The Notice of Privacy Practices [NPP] describes how we may use and disclose your protected health information [PHI] to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It describes your rights to access and control your PHI. PHI is information about you that may identify you and that relates to your past, present, and future physical or mental health and related health care services. This Notice has been written with the primary goal of protecting your privacy. If you have any questions about this notice, please contact our Privacy Officer, at [513] 769-4600.

We are required to abide by the terms of this NPP. We may be required to change the terms of our NPP at any time. The new notice will be effective for all PHI that we amended at that time. Upon your request, we will provide you with any revised NPP. The revised NPP can be obtained by accessing our website at www.lifewaycenters.com or asking for one at the time of your next appointment.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Uses and disclosures of PHI based upon written consent.

You will be asked by LifeWay Counseling Centers, Inc. staff to sign a consent form. Once you have consented to use and disclose of your PHI treatment, payment, and health care operations by signing the consent form, LifeWay Counseling Centers, Inc. will use or disclose your PHI as described in this section. Your PHI may be used and disclosed by our office staff and others outside of our office involved in your care and treatment for the purposes of providing mental health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operations of LifeWay Counseling Centers Inc. The following are examples of the types of uses and disclosures of your PHI that LifeWay Counseling Centers Inc. is permitted to make once you sign the consent form. These examples are not meant to be exhaustive, but describe the types of uses and disclosures that may be made by our office once you have provided consent.

1. Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. We will disclose PHI to other physicians or mental health professionals who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
2. Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

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3. Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of LifeWay Counseling Centers Inc. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, supervision, and conducting or arranging for other business activities. For example, we call you by name in the waiting room when the therapist/psychiatrist is ready to see you. We may use or disclose your PHI to contact you to remind you of your appointment. We will share your PHI with third party business associates that perform various activities for LifeWay Counseling Centers Inc. We will have a written contract between LifeWay Counseling Centers Inc. and all business associates that protect the privacy of your PHI.

B. Uses and disclosures of PHI based upon your written authorization.

Other uses and disclosures of your PHI will be made only with written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that LifeWay Counseling Centers Inc. has taken an action in reliance on the use or disclosure indicated in the authorization.

C. Other permitted and required uses and disclosures that may be made with your consent, authorization or opportunity to object.

We may use or disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are present or able to agree or object to the use or disclosure of the PHI, then your therapist/psychiatrist, using professional judgment, determines whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, LifeWay Counseling Centers Inc. shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.

D. Other permitted or required uses and disclosures that may be made without your consent, authorization or opportunity to object.

We may use or disclose your PHI in the following situations without your consent or authorization. These include:

1. Required by Law: We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law. You will be notified, as required by law, of any such uses or disclosures.
2. Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive your information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
3. Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. Health Oversight: We may disclose your PHI to a health oversight authority that is authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

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5. Abuse and neglect: We will disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse/neglect, elder abuse/neglect, abuse/neglect of mentally retarded adult or developmentally disabled adult. Further, therapists/psychiatrists have a duty to note in the clinical chart domestic violence.
6. Legal Proceedings: We will disclose your PHI in the course of any judicial proceedings, in response to an order of a court.
7. Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. This may include legal processes and otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that crime occurs on the premises of the practice, and medical emergencies with the likelihood that a crime has occurred.
8. Criminal Activity: Consistent with federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
9. National Security: We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
10. Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.
11. Required uses and disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance of Section 164.400 et. Seq.
12. Food and Drug Administration: We may disclose your PHI to a person or company required by the FDA to report adverse events.

Your Rights

1. You have the right to inspect and copy your PHI: This means you may inspect and obtain a copy of your PHI, including psychotherapy notes, for as long as we maintain the designated record set. The designated record set contains medical and billing records and any other records that your therapist/psychiatrist and LifeWay Counseling Center Inc. uses for making decisions about you. Exceptions include: 1.) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, 2.) certain research situations.
2. You have the right to request restrictions on certain uses and disclosures: You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may request that any part of your PHI not to be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the NPP. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your therapist/psychiatrist is not required to agree to a restriction that you may request. If your therapist/psychiatrist believes it is in your best interest to permit the use and disclosure of your PHI, your PHI will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restrictions with your provider. The restrictions need to be documented in writing.
3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location: We will accommodate reasonable requests. We will not request an explanation from you as to the basis of the request. Please make the request in writing to LifeWay Counseling Centers Inc.'s Privacy Officer.

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4. You have the right to have your provider amend your PHI: You may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request to amend your PHI. You have the right to file a statement of disagreement with us if we deny your request. We may prepare a rebuttal to your statement of disagreement and will provide you with the rebuttal. Please contact the Privacy Officer if you have questions about amending your PHI.
5. You have the right to obtain a paper copy of this notice from us: Upon request, you may obtain a paper copy of the NPP even if you have agreed to accept this notice electronically.
6. You have the right to receive an accounting of disclosures of your PHI: You can request an accounting of disclosures of your PHI for purposes other than treatment, payment, or healthcare operations as described in the NPP. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Complaints

You may complain to LifeWay Counseling Centers, Inc. or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by LifeWay Counseling Centers, Inc. You may file a complaint with LifeWay Counseling Centers, Inc. by notifying the Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at [513] 769-4600.

This notice was published and becomes effective on April 14, 2003.