



**LEGACY**

MENTAL HEALTH CENTER

## Notice of Privacy Practices

This notice describes how protected medical information about you may be used and disclosed by Legacy Mental Health Center (LMHC) and its' providers, and how you can gain access to this information.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by a provider in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, this is an explanation of how LMHC is required to maintain the privacy of your health information and how your health information may be used and disclosed.

**Your medical records may be used and disclosed only for each of the following purposes: treatment, payment, and health care operations.**

**Treatment** means providing, coordinating, or managing health care and related service by one or more health care providers. An example of this is sharing your medical information with another professional for consultation or referral.

**Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing, or collection activities. An example of this is sending a bill for your session to your insurance company for a payment.

**Health Care Operation** includes the business aspects of running a practice, such as conducting quality assessment and improvement activities, auditing function, cost management analysis, and customer service.

LMHC or your provider may **contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.**

**In an emergency situation, your medical information may be disclosed to government or other groups that assist in emergencies or disasters.**

Your information may also be used or disclosed without your consent in the following cases:

- Public health activities when require by law.
- Relating to victims of abuse or neglect or domestic violence, if required by law and/or if you agree.
- Health oversight activities, for judicial or administrative proceedings to the extent permitted by law.
- To coroners/medical examiners/funeral directors, as permitted by law.
- For organ donation purposes.
- For research purposes under certain circumstances.
- To avert a serious threat to health or safety.
- For certain specialized government functions, such as military discharge, national security, and intelligence.
- For workers' compensation purposes.
- For law enforcement purposes, as permitted or required by law.

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing. LMHC is required to honor and abide by that request, except to the extent that actions have already been taken relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by written request:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. Your provider, however, is not required to agree to a requested restriction. If your provider does agree to a restriction, the provider must abide by it unless you agree in writing to remove it.
- Your medical information may be used or disclosed in situations requiring emergency treatment, in which case the persons receiving the information will be asked not to further use or disclose the information.
- You may request that you are provided with your medical information in a confidential manner. For example, you can request your appointment reminder, bills, and other mailings be sent to a different address or that you are provided with this kind of information in another way, such as by a phone call. You must make this request in writing.
- You may ask to see and copy your record, unless that information is protected by law. You must make this request in writing. If your request to look at, or copy, your records is denied you may have the denial reviewed by another health care professional. Your request will be acted upon within the statutory period and you may be charged for copying costs.
- You may ask to have your information in your medical record amended. If your request is denied, you can write a statement of disagreement with the denial that will be kept with your medical information.
- You may ask to have an accounting of disclosure of protected health information provided to you.

If you feel your privacy rights have been violated, you have the right to file a written complaint with the LMHC office or with the Secretary of Health and Human Services at: U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington, DC 20201. (800) 368-1019. Filing a complaint will not affect the quality of the services you receive.

These rules, as stated above, became effective and binding with the passage and implementation of the HIPAA law. This latest version of the privacy practice notice became effective as of the date of this revision. LMHC and its' providers are required by law to maintain the privacy of your protected health information and to provide you with notice of the legal duties and privacy practices with respect to protected health information. LMHC reserves the right to change the terms of the Notice of Privacy Practices and to make any new notice provisions effective for all protected health information that is maintained. If the terms of this Notice are changed, individuals will be provided with a revised notice upon request and by posting the revised notice in the main office.

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Signature of Client/Guardian

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Date