

**Lake House Counseling, PLLC**

**NOTICE OF PRIVACY PRACTICES**

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.

Lake House Counseling, PLLC is required by applicable federal and state laws to maintain the privacy of your health information. Lake House Counseling, PLLC is also required to give you this notice about our privacy practices, legal obligations, and your rights concerning your health information (protected health information or PHI). Your records contain demographic information, such as your name, telephone number, address, social security number, date of birth, and health insurance information. PHI may also include information about treatment, diagnosis, operations, and payment. Lake House Counseling, PLLC must follow the privacy practices that are described in this Notice and which may be amended from time to time. You may obtain additional copies of this Notice in our office. If there is an emergency, we may not be able to give this Notice until after you have received care.

• **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)**

Lake House Counseling, PLLC may use or disclose your protected health information for treatment, payment, and health care operations with your CONSENT. To help clarify these terms, here are some definitions:

PHI refers to information in your health care record that could identify you. "Treatment, Payment and Health Care Operations" means:

Treatment is provided when Lake House Counseling, PLLC provides, coordinates, or manages your health care and other services related to your health care. An example of treatment is when Lake House Counseling, PLLC consults with another Health Care Provider such as your family physician.

Payment is when Lake House Counseling, PLLC obtains reimbursement for your healthcare. Examples of payment are when Lake House Counseling, PLLC discloses your PHI to your health insurer to obtain reimbursement or to determine your eligibility or benefits.

Health Care Operations are activities that relate to the performance and operation of Lake House Counseling, PLLC. Examples of this are quality assessment, audits, and general business management.

Use applies only to activities within Lake House Counseling, PLLC such as sharing, employing, applying, utilizing, examining information about you.

Disclosure applies to activities outside of Lake House Counseling, PLLC, such as releasing, transferring or providing access to information about you to other parties.

Minimum Necessary Disclosure: A reasonable effort will be made to provide only the minimum amount of information to perform the activity for which the information is being requested. Likewise, as a requester of information, only the minimum amount of information will be requested to meet the purpose of that request.

Other uses and disclosures when required by law without your authorization:

- Health Risk or Death: To prevent, control or report diseases, injury, disability, or death.
  - Abuse, neglect, or domestic violence reporting: To alert state or local authorities if we believe someone is a victim of abuse or neglect or domestic violence.

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- Duty to Warn: To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence.
- Health oversight: To health oversight agencies for things like audits, civil or administrative reviews, inspections and licensing activities.
- Legal proceedings: To judicial and law enforcement, officials in response to a court order or other lawful process, military or national security agencies, coroners and medical examiners.
- Workers' Compensation: To workers' compensation programs as established by law as necessary to comply with those laws that provide benefits for work-related injuries or illnesses regard to fault.

#### **• USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

Lake House Counseling, PLLC may disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, Lake House Counseling, PLLC will obtain an authorization from you before releasing this information.

- *Psychotherapy Notes:* Notes recorded by your clinician documenting the contents of an individual, family, conjoint, or group counseling session which are kept separate from the rest of your medical record.
- *Other use:* Other uses and disclosures will only be made with your written authorization. You will need to sign an authorization before we can send PHI to an attorney, school, or other uses not mentioned here.

You may revoke all such authorizations of PHI or psychotherapy notes at any time provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

#### **III. PATIENTS RIGHTS AND THERAPISTS RESPONSIBILITIES**

- *Right to inspect and copy:* You may request access to your medical record and billing records maintained by Lake House Counseling, PLLC in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any requested records. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
- *Right to Alternative Communications:* You may request, and Lake House Counseling, PLLC will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. For example, you may not want a family member to know

that you are being seen at Lake House Counseling, PLLC. On your request, we can send bills to another address.

- *Right to Request Restrictions:* You have the right to request a restriction on PHI used for disclosure for treatment, payment, or health care operations. You have the right to inspect or obtain a copy or both of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the records. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Request Amendment:* You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. On your request, we will discuss with you the details of the amendment process.
- *Right to Obtain Notice:* You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Office at any time.
- *Questions and Complaints:* If you desire further information about your privacy rights or are concerned that we have violated your privacy rights, you may contact the Privacy Officer, Kristi Garcia at 517-862-9389. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the department.

#### IV. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- *Effective Date:* This notice is effective on December 1, 2018.
- *Changes to this Notice:* We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice of terms effective for all PHI that we maintain, including any information created or received in the waiting area of the office.