

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

From time to time, LifePointe Counseling LLC uses and discloses confidential personal information about patients. We know this information is private. We call this information “protected health information” (PHI). We are required by applicable federal and state law to protect the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. This notice describes how we may use and disclose your PHI and certain rights you have with respect to your PHI. This notice takes effect June 1, 2018 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and, as applicable law permits, the terms of this notice at any time, reflecting such changes.

You may request a copy of our notice at any time. For any information about our privacy practices or for additional copies of this notice, please contact our office at the address or number listed below.

USES AND DISCLOSURES OF HEALTH INFORMATION

HIPAA privacy rules permit us to use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below.

FOR TREATMENT: We may use or disclose PHI about you to coordinate your health care. We may consult with other health care providers who are involved in your health care. For example, your PHI may be shared by your therapist, primary care doctor and psychiatrist to coordinate a plan for your treatment.

FOR PAYMENT: We may use or disclose information to get payment for the health care services you receive. For example, we may provide PHI to bill your health plan for services provided to you.

FOR HEALTHCARE OPERATIONS: We may use or disclose information in performing business activities for which we call “healthcare operations”. Examples would be quality assessments, reviewing the competence and performance of our staff, etc. This allows us to improve the quality of care we provide.

APPOINTMENTS AND OTHER HEALTH INFORMATION: We may use or disclose your PHI to provide you with appointment reminders for medical services/appointments (such as voicemail, letters, etc.). We may send you invoices for additional payments due after processing your insurance claims. We may also send mailings from time to time regarding other services that we feel might be of interest to you.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by federal or state law. If federal or state law creates higher standards of privacy, we will follow the higher standard. (Examples: a court order, a request from the Social Security Administration, etc.).

FOR ABUSE REPORTS AND INVESTIGATIONS: If we reasonably believe that a patient, a minor, a dependent adult, and/or the elderly have been a victim of abuse or neglect, domestic violence or a crime, we may disclose PHI as required by your state of residence, or the state where the alleged incident(s) has been reported. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety, or the safety or health of others.

NATIONAL SECURITY: We may disclose to military authorities the PHI of military personnel, and military contractors, under certain circumstances. We may disclose to authorized federal officials any PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or local/state/federal law enforcement official having lawful custody of protected PHI of inmate or patient under certain circumstances.

YOUR AUTHORIZATION: In addition to our use of your PHI for treatment, payment, healthcare operations or appointments, you may give us written authorization to use your PHI, or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your PHI for any reason except those described in this document.

TO YOUR FAMILY/FRIENDS OR PERSONS INVOLVED IN YOUR HEALTHCARE: We must disclose your PHI to you, as described in this document. We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree in writing that we may do so.

TO PERSONS INVOLVED IN YOUR CARE: We may use or disclose your PHI to notify, or assist in the notification of a family member, your personal representative, legal guardian, or another person responsible for your care, of your location, your general health, or other circumstances deemed necessary. If you are present, we will provide you with an opportunity to object to such uses or disclosures prior to the use or disclosure of your PHI. In the event of your incapacity or emergency circumstances, we will disclose PHI based on determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with behavioral health practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies/devices/supplements, documentation, etc., or some other form of PHI.

YOUR PATIENT RIGHTS

RIGHT TO INSPECT AND COPY MEDICAL RECORDS: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be asked to make an appointment with your provider to go over the records and you may be charged a fee for the cost of copying your records. Records will not be mailed via general mail delivery. If you want your records mailed, you will be charged the cost of sending them via registered/certified mail. If your files are in our offsite storage facility, there is a minimum \$25 fee for staff time to travel, locate and copy your PHI. If you require a letter summarizing or explaining your PHI, please talk to your provider regarding their fees for this service.

RIGHT TO REQUEST RESTRICTIONS: You have the right to ask us to limit how your information is used or disclosed. You must make this request in writing and tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to this limit. You can request in writing that the limit be terminated.

RIGHT TO AMEND: You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request. We may deny your request under certain circumstances.

RIGHT TO FILE A COMPLAINT: You have the right to file a complaint with us at the address printed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how we have used or disclosed information about you.

RIGHT TO REVOKE PERMISSION: If you are asked to sign an authorization to use or disclose your PHI, you may cancel that authorization in writing at any time. This will not affect information that's already been shared.

RIGHT TO CHOOSE HOW WE COMMUNICATE WITH YOU: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request. You must provide a satisfactory explanation of how payments will be handled under alternative means or location you request.

RIGHT TO RECEIVE NOTICE OF CHANGE TO PRIVACY STATEMENT: You have the right to receive notice of changes in our privacy statement that affect you or after the effective date of the change. Please note that all changes will be posted on our website, but you may still request a written copy of same.

QUESTIONS AND COMPLAINTS

If you want more information or explanation of our privacy practices, or you have any questions or concerns, please contact us.

As a Christian counseling agency, we respectfully request that clients follow the dispute resolution process exemplified for us in Scripture, specifically in Matthew 18. Please know that you have recourse if you feel that your privacy protections and/or rights have been violated. If you feel that your health care provider and/or other LifePointe Counseling, LLC staff member have wronged you, we request that you first go to that person and respectfully communicate your grievance(s) in an attempt to resolve the situation between the two of you. If the issue cannot be resolved between the two of you, we then recommend contacting LifePointe Counseling, LLC's President to coordinate a group meeting with you, the company President, and the staff member involved in your complaint. If you feel your matter is still not resolved following a group meeting with LifePointe Counseling, LLC's President, you may pursue further recourse at your discretion.

You have the right to file a written complaint with our office, the Department of Health & Human Services, your healthcare provider's licensing board, or with the Office of Civil Rights about violations of the provision of this Notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. We will provide you with the address to file your complaint with the U.S. Department of Health & Human Services upon request. You may submit your complaint to us using the contact information listed at the end of this Notice.

We support your right to the privacy of your health information.

Contact Officer: Office Manager

Telephone: 314-849-2120
Fax: 314-729-1953
Address: LifePointe Counseling, LLC
11166 Tesson Ferry Road, Suite 203
St. Louis, MO 63123