



Notice of Privacy Practices Acknowledgement (HIPAA)

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), Life Choices Family Resource Center has developed a notice for patients/clients, which provides a clear explanation of privacy rights and practices as it relates to private health information.

Notice of Privacy Practices (NPP) is provided to all patients/clients. This Notice of Privacy Practices identifies how Life Choices uses medical information about you may be used and disclosed and how you can get access to this information : 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting or disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information. Please review it carefully.

YOUR RIGHTS

YOU HAVE THE RIGHT TO:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide Mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We use or share your health information in the following ways:

- **Treat You:** We use your health information and share it with other professionals who are treating you.
- **Run our organization:** We use and share your health information to run our practice, train our staff, improve your care, and contact you when necessary.

- Advertising & Promotion: For advertising and promotion, we may use your story information with all identifying information removed to protect your privacy.
- Help with public health and safety issues
- Do research: We can use or share your information for health research
- Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with the federal privacy law.
- Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

You hereby acknowledge your acceptance of our **NOTICE OF PRIVACY PRACTICES** and confirm that you have read, understand, and agree with our Notice of Privacy Practices.