

Live Your Truth Mental Health Counseling, PLLC

Notice of Privacy Practices

Effective date: 8/31/2023

Introduction.

We create a record of the health services you receive to further your care and to comply with certain legal requirements. We are committed to your privacy and are required by law to maintain the privacy and security of your protected health information. As part of our commitment and legal compliance, we share this Notice of Privacy Practices ("Notice").

Contact.

If you have any questions about this Notice, please contact Kristy LaRocca at 917-268-2520 or at info@liveyourtruthcounseling.com.

Scope.

This Notice applies to all the information we generate, including information about past, present, or future physical or mental health conditions. We follow - and our employees and other workforce members follow - the duties and privacy practices that this Notice describes and any changes once they take effect.

Changes to this Notice.

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request.

Data Breach Notification.

We will promptly notify you if a data breach occurs that may compromise the privacy or security of your health information.

Use and Disclosure of Your Information.

- There are some situations where your health information may be used and disclosed by us. We have listed some common examples of permitted uses and disclosures below.
- When using or disclosing your information or requesting information about you from another source, we will make reasonable efforts to limit our use, disclosure, or request to the minimum we need to accomplish the intended purpose.

Care and Treatment.

We may use or disclose your health information with professionals who are treating you, internally and externally, including psychiatrists, psychologists, and your primary care doctor.

Public Health and Safety Activities.

We may communicate with family members, friends, law enforcement, and others if we feel there is a serious threat to your health and safety or the health and safety of the public or another person. For example, we may share your information to:

- prevent injury;
- report suspected child neglect or abuse, or domestic violence;
- report suspected elder neglect or abuse;
- or control disease.

For Payments and Services.

We may use and share your health information to obtain prior approval for services, bills, or receive payment from health plans or other entities.

Our Business Associates.

We may use and disclose your information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. We contractually require these parties to use and disclose your information only as permitted and to appropriately safeguard your information.

Legal Compliance and Law Enforcement.

If required, we will share your information with a federal or state agency with oversight over our activities. We will also share information about you, if necessary, for law enforcement purposes or with a law enforcement official. We take such requests seriously and will consider them carefully. We will make reasonable efforts to limit our disclosure to the minimum amount required.

Uses and Disclosures that Require Authorization.

To share the following health information, we need your written permission:

- our psychotherapy notes that we maintain separately from your medical record to document or analyze a session; and
- confidential HIV-related information, unless the disclosure is to an agency allowed to have it by law.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

When We Will Not Use or Disclose Your Information.

We will not share your information to:

- market our services, or
- sell or otherwise receive compensation for disclosing your information.

Your Rights and Choices.

When it comes to your health information, you have rights. This section covers some of your rights and some of our responsibilities to help you.

You have the right to:

Inspect and Obtain a Copy of Your Information.

You have the right to see or obtain an electronic or paper copy of the information we maintain about you, except for the psychotherapy notes that we maintain separately from your medical record to document or analyze a session. You may request your psychotherapy notes and, if we deny your request, we will provide you with an explanation.

Make Amendments.

You may ask us to correct or amend information that we maintain about you that you think is incorrect or inaccurate.

Authorize Disclosures of Your Information.

You have both the right and choice to tell us whether to share information, such as your health information, general condition, or location, with your family, close friends, or others involved in your care. You can revoke these authorizations at any time, subject to our then-current privacy practices.

Request Restrictions on Our Disclosures in Emergency Situations.

You have both the right and choice to tell us whether to share information in an emergency situation, such as to an organization or law enforcement, to assist with locating or notifying your family, close friends, or others involved in your care. We will make reasonable efforts to follow your instructions, but we may share your information if we believe it is in your best interest, according to our best judgment, and if you are unable to tell us your preference (for example, if you are unconscious) or when needed to lessen a serious and imminent threat to health or safety.

Request Additional Restrictions.

You have the right to ask us not to use or share certain information for treatment, payment, or operations or with certain persons involved in your care. For these requests:

- we are not required to agree;
- we may say “no” if it would affect your care; but
- we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.

Request an Accounting of Disclosures.

You have the right to request an accounting of certain disclosures that we have made. For these requests:

- we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
- we will provide one accounting a year for free.

Choose Someone to Act for You.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information.

Request Confidential Communications.

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you via phone or email or at a specific address. For these requests:

- you must specify how or where you wish to be contacted; and
- we will accommodate reasonable requests.

Make Complaints.

You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:

- directly with us by contacting Live Your Truth Mental Health Counseling, PLLC at 917-268-2520, or
- with the Office for Civil Rights at the US Department of Health and Human Services, 886-627-7748, www.hhs.gov/ocr/privacy/hipaa/complaints/