LiveWell Counseling, LLC
Christine Abbott, MS, LPC
101 River Road
Collinsville, CT 06019

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 THIS CAREFULLY.

Your health record at LiveWell Counseling, LLC contains Protected Health Information (PHI) about you and your mental health. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”) It also describes your rights regarding how you may gain access to your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal obligations and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website: LiveWellHolistic.com, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

After you have read this Notice, you will be asked to sign a separate form to authorize treatment and allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together, these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or colleagues.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations. We may use or disclose your PHI to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., scanning documents) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

USE AND DISCLOSER OF YOUR HEALTH INFORMATION WITHOUT AUTHORIZATION

Following is a list of the categories of disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization in the following limited situations:

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Elder Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of elder abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena, court order, administrative order (with your written consent) or similar process.

Required by Law. We must make disclosures to the government agencies for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

USE AND DISCLOSER OF YOUR HEALTH INFORMATION WITH AUTHORIZATION. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization:

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Right of Access to Inspect and Copy. Unless your information was compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding, you have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where a licensed professional believes it is reasonably likely that access would endanger the life or physical safety of, or cause substantial harm to the individual or another person. We may charge a reasonable, fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to a Copy of this Notice. You have the right to a paper copy of this notice

- To exercise any of these rights, please submit your request in writing to LiveWell Counseling, LLC, 101 River Road, Collinsville, CT 06019.
- If you are concerned that LiveWell Counseling, LLC has violated your privacy rights, or if you disagree with a decision your therapist has made about your records, you may contact Christine Abbott at (860) 690-9961.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

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Health Information Privacy Practices

_____I have received information regarding the Protection of my Health Information
_____I understand its contents
_____I have had any questions answered

____
Printed Name of Client

____
Signature of Client Date

____
Printed Name of Legal Guardian/Parent if Client is a Minor

____
Signature of Legal Guardian/Parent if Client is a Minor Date

I prefer to be contacted via (please check at least one):

- Cell phone: ____
- Home phone: ____
- Email: ____
- Other:____