



LIFE REDISCOVERY CENTER

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION* ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

***Protected Health Information (PHI)**

PLEASE REVIEW IT CAREFULLY

Notice Effective Date: January 01, 2016

Version 1

Privacy

Life Rediscovery Center, LLC (LRC) is required by state and federal law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care. LRC is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA). LRC must follow the privacy practices as set forth in its most current Notice of Privacy Practices. This notice refers only to the use/disclosure of PHI. It does not change existing law, regulations and policies regarding informed consent for treatment.

Changes to this Notice-LRC may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that LRC already has as well as PHI that LRC receives in the future. The most current privacy notice will be posted in the office of LRC, available on the agency's website, and will be available upon request. Every privacy notice will be dated.

How Does Life Rediscovery Center (LRC) Use and Disclose PHI?-LRC may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Any PHI may be used and disclosed by LRC, its' employees, contractors, agents and attorneys for the purpose of providing mental health services to you. Protected health information is routinely needed in order to ensure proper mental health treatment.

Treatment: Any PHI may be used to provide, coordinate, or manage your or your child's mental health services, including coordination with a third party that has your permission to have access to any PHI, such as other health care professional who may be treating you or your child(ren), a health care specialist or laboratory.

Payment: Your PHI or that of the child(ren) may be used to obtain payment for your or your child(ren)'s health care services.

Health Care Operations: LRC may use or disclose any PHI to support the business activities of LRC including, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. LRC may use a sign-in sheet at the registration desk at any facility or office where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and any PHI may be used to contact you about appointments and/or for other operational reasons. Any PHI may be shared with third party "business associates" who perform various activities that assist us in the provision of your or your child(ren)'s mental health services.

Other uses and disclosures of any PHI will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.



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Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object

The Department may use and/or disclose any PHI to a court of law, to a family member, relative or any other persons you identify on the LRC Authorization Form. You have the opportunity to agree or object to the use and/or disclosure of all or part of any PHI.

Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object

LRC may use or disclose any PHI without your authorization when required to do so by law; for public health purposes, to a person who may be at risk of contracting a communicable disease, to a health oversight agency, to an authority authorized to receive reports of abuse or neglect, in certain legal proceedings, and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes, to prevent or lessen a threat to health or safety, and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, LRC must make disclosures to you, when required by the Secretary of the Department of Health and Human Services and to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et seq.

2. YOUR RIGHTS UNDER THE FEDERAL PRIVACY RULE

The following is a statement of your rights with respect to any PHI and a brief description of how you may exercise these rights:

a. You have the right to inspect and copy your protected health information.

Upon written request, you may inspect and obtain a copy of any PHI for as long as the Department maintains the PHI. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or PHI that is subject to a federal or state law prohibiting access to such information.

b. You have the right to request restriction of your protected health information.

You may ask in writing that LRC not use or disclose any part of any PHI for the purposes of treatment, payment or healthcare operations, and not to disclose PHI to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. LRC is not required to agree to a restriction you request, and if LRC believes it is in your best interest to permit use and disclosure of any PHI, the PHI will not be restricted, except as required by law. If LRC does agree to the requested restriction, LRC may not use or disclose any PHI in violation of that restriction unless it is needed to provide emergency treatment.

c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

Upon written request, LRC will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. LRC will not request an explanation from you as to the basis for the request.

d. You may have the right to request amendment of any protected health information.

If LRC created any PHI, you may request in writing an amendment of that information for as long as it is maintained by LRC. LRC may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

e. You have the right to receive an accounting of certain disclosures LRC has made of any protected health information

This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures LRC made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after January 1, 2016, subject to certain exceptions, restrictions and limitations.

f. You have the right to obtain a paper copy of this notice from LRC.

3. COMPLAINTS RELATED TO USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION OR RIGHTS

You may complain to LRC and to the Secretary of Health and Human Services if you believe your health information privacy rights have been violated. You may file a complaint, in writing, with LRC which maintains any PHI. You must state the basis for your complaint. LRC will not retaliate against you for filing a complaint. You may contact the Privacy Officer at 678-545-6768 by facsimile 678- 528-9489 or by mail to Attn: Privacy Officer, Life Rediscovery Center, 522 Flint Trail Ste. A Jonesboro, GA 30236 for further information about the complaint process, this notice, or your rights set forth above.