



*Success Strategies For Life*

## Notice of Privacy Practices

This notice describes how health information about you, as a patient/client of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Our commitment to your privacy:** Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and to provide you with this notice of privacy practices. We also reserve the right to modify or amend our privacy policies and practices as permitted by law. You may request a copy of these modifications or amendments by contacting our staff.

### **Uses and disclosures of protected health care information:**

1. We will use your health information for treatment. This includes the management of your healthcare with a third party.  
Example: we would disclose your health information, as necessary, to another healthcare provider involved in your care.
2. We will use your health information for payment. Example: Your health information may be used to obtain payment for your services if your health care insurance plan requests this information in order to determine benefits and/or coverage or to authorize approval for treatment.
3. We will use your health information for healthcare operations. Example: Your health information may be shared with members of the staff such as quality improvement members in order to improve the quality and effectiveness of the services provided by this facility.

Business Associates - We will share your information with these third parties that perform various activities such as billing, electronic communications, contracted health-related benefits, for this practice. We will require the business associates to appropriately safeguard your information.

Others Involved in your healthcare - We may also disclose to a family member or other person you identify, your health information to the extent needed for their involvement in your care. We may disclose your information to an authorized entity to assist in disaster relief efforts.

### **Other uses and disclosures that may be made without your consent:**

Appointment Reminders – your information will be used by staff to remind you of appointments or to change appointments by telephone or voice message systems, unless you object in writing to Solutions Counseling and EAP, 710 W. Prien Lake Road, Suite 103, Lake Charles, La. 70601.

Public health – we may disclose your information as permitted by law for the purpose of controlling disease or injury. We may disclose information to a person who may have been exposed to a communicable disease or be at risk of contracting or spreading a disease or condition.

Health oversight – we may disclose your health information to oversight agencies for activities authorized by law, such as audits, investigations and inspections.

Abuse or neglect – we may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose information if we believe that you have been a victim of abuse, neglect or domestic violence to an authorized agency.

Legal Proceedings – we may disclose your information in the course of any judicial or administrative proceeding, in response to court order, and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement – we may disclose information as long as legal requirements are met for law enforcement purposes. These include (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime (4) suspicion that death has occurred as a result of criminal activity, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation – we may disclose information to these organizations or individuals for identification purposes or to carry out their duties.

Research – we may disclose your information to researchers when their research has been approved by appropriate authority and established protocols to ensure privacy of the information.

Criminal Activity – we may disclose information that is necessary to prevent or lessen a threat to the health or safety of a person or the public.

Military Activity and National Security – when appropriate conditions apply, we may disclose information of individuals who are Armed Forces personnel for purposes necessary for military command, determination of eligibility for benefits, foreign military if appropriate, or for purposes of national security.

Workers Compensation – your healthcare information may be disclosed as authorized to comply with workers compensation laws.

Inmates – We may use or disclose your information if you are an inmate of a correctional facility and your healthcare provider created or received this information in the course of providing care to you.

**Your rights regarding your health information:** Your health record is the physical property of Solutions Counseling and EAP. The information in it belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by law. However, we are not required to agree to a restriction if we believe it is in your best interest to permit use and disclosure. You should discuss any restriction with your healthcare provider.
2. Obtain a paper copy of the Notice of Privacy Practices upon request.
3. Inspect and copy your health record. Psychotherapy notes may not be disclosed. You must make your request in writing to Solutions Counseling and EAP. Your healthcare provider will review your request. A copying charge will be assessed for each page copied.
4. Request that your healthcare provider amend your medical record. You must make your request in writing, stating the reason for the amendment. Your healthcare provider is not required to make the amendment; however, you have the right to file a statement of disagreement to our practice administrator.
5. Request an accounting of disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations that occurred after April 14, 2003.
6. Request communication of your health information by alternative means or alternative locations.
7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Requests to inspect protected health information:** As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form by contacting the Receptionist or Privacy Officer. Your request will be reviewed by your healthcare provider.

**To obtain additional information or report a problem:** If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Solutions Counseling and EAP, Attn: Privacy Officer, 710 W. Prien Lake Road, Suite 103, Lake Charles, La. 70601. You will not be penalized or retaliated against for filing a complaint. If you would like additional information, you may contact us at 337-310-2822. You may also file a complaint with The U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201. Phone: 1-877-696-6775, if you believe your privacy rights have been violated.

Effective December 1, 2005.