

**Notice of Privacy Practices**

**The following notice describes how medical information about you may be used and disclosed, including how you can get access to this information. Please review carefully.**

If you have questions or need additional assistance regarding this Notice, you may contact the Privacy Officer of Lighthouse Family Center, Ltd – Carrie Schnirring at (330) 305-2753.

This Notice describes how Lighthouse Family Center, Ltd may use and disclose your protected health information. The terms of this Notice of Privacy Practices are effective November 1, 2018. This office will share patient health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. This office is required by law to maintain the privacy of our patients’ health information and to provide patients with this Notice of Privacy Practices. This office will abide by the terms of this Notice of Privacy Practices as necessary. A copy of any revised notices will be available in this office, or, upon request to the appropriate Privacy Officer (see list above), a copy may be mailed to your address maintained on file.

**Uses and disclosures of your health information:** Lighthouse Family Center, Ltd is committed to maintaining the confidentiality of your health information. However, your health information may be used and disclosed as customary and reasonable for purposes of treatment, payment, and health care operations, or pursuant to a signed authorization form. You have the right to revoke that authorization in writing, but revocation will not have any effect on actions taken in reliance on the authorization prior to the date of revocation.

**Treatment, payment, and health care operations:** Except as otherwise provided, or with your signed consent, Lighthouse Family Center, Ltd will use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law for our health care operations. This may include disclosure to another health care provider who, at the request of your mental health care provider, becomes involved in your treatment, or for purposes of approval of reimbursement from your health plan.

**Business Associates:** At times, it may be necessary for Lighthouse Family Center, Ltd to provide your health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your health information.

**Family and Friends:** With your approval, and using our professional judgment, your health information may be disclosed to designated family, friends, and others who are directly involved in your care or in payment for your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

**Appointments and Services:** This office may contact you to provide appointment reminders and / or information about your current account balance if you indicate your permission via your signature. You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your health information from us by alternative means or at alternative locations. You may request such confidential communication in writing and may send your request to the appropriate Privacy Officer. (See list on previous page.)

Other uses and disclosures of your individual health information, permitted or required by law, may be made without your consent or authorization. These include:

1. Use or disclosure of your health information for any purpose required by law.
2. Use or disclosure of your health information for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations.
3. Use or disclosure of your health information as required by law if we suspect child abuse or neglect; we may also release your individual health information as required by law if we believe you are a victim of abuse, neglect, or intimate partner violence.
4. Use or disclosure of your health information, if necessary, to the Food and Drug Administration.
5. Use or disclosure of your health information to your employer when we have provided health care to you at the request of your employer.
6. Use or disclosure of your health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
7. Use or disclosure of your health information if required by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release.
8. Use or disclosure of your health information to law enforcement officials.
9. Use or disclosure of your health information to coroners and / or funeral directors consistent with law.
10. Use or disclosure of your health information if necessary, to arrange an organ or tissue donation or transplant.
11. Use or disclosure of your health information if you are a member of the military as required by armed forces services; we may also release your individual health information if necessary, for national security or intelligence activities.
12. Use or disclosure of your health information to workers’ compensation agencies.

**Your rights:**

1. **Restrictions on use and disclosure of individual health information.** You have the right to request restrictions on some of our uses and disclosures of your health information. These restrictions must be made in writing and signed by you or your representative. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending each termination notice to the Privacy Officer (see list on page 1) of the office location at which the services were rendered. You have the right to restrict certain disclosures of Protected Health Information if you pay out-of-pocket in full for the healthcare service.
2. **Access to individual health information.** You have the right to inspect and copy your health information maintained by this office. All requests for access must be made in writing and signed by you or your representative. We request 72 hours to obtain and review the requested information before supplying it to you. If you request a copy of your health information, we will charge an initial fee of $20 for the records search, $3 per page for the first 10 pages, $0.75 per page for pages 11 – 50, $0.25 per page for pages 51 and higher, and the actual cost of postage if the records are mailed to you. There will also be a charge if you request the preparation of a summary of the requested information. You may obtain a Request for Access Form from the Privacy Officer of the office location at which the services were rendered. In certain circumstances, you may not be permitted access (such as for information compiled for legal action, or information subject to prohibition by law). Depending on the circumstances, you may request a review of the decision to deny access. Please contact the appropriate Privacy Officer for questions about access to your health information.
3. **Notification of a breach of unsecured protected health information.** When Lighthouse Family Center, Ltd becomes aware of or suspects a breach (such as the acquisition, access, use or disclosure of Protected Health Information [PHI]), Lighthouse Family Center, Ltd will conduct a Risk Assessment and will keep a written record of the Risk Assessment. The Risk Assessment will include (a) an analysis of the nature and extent of the PHI involved, (b) to whom the PHI may have been disclosed, (c) whether the PHI was actually acquired or viewed, and (d) the extent to which the risk to PHI has been mitigated. Unless Lighthouse Family Center, Ltd determines there is a low probability that PHI has been compromised, Lighthouse Family Center, Ltd will give notice of the breach without delay within 60 days after discovery. Lighthouse Family Center, Ltd will provide notice of the type of unsecured PHI involved, a description of the breach including dates, steps that you should take to protect against harm, what Lighthouse Family Center, Ltd has done to investigate, mitigate harm, and protect against future breaches, and Lighthouse Family Center, Ltd contact information.
4. **A signed authorization before protected health information is released for any uses and disclosure not described in this notice.** You must sign an Authorization for (a) uses and disclosures of treatment notes, (b) PHI used for marketing purposes, and (c) disclosures that constitute the sale of PHI.
5. **Amendments to individual health information***.* You have the right to request in writing that your health information maintained by this office be amended or corrected. In certain cases, we may deny your request for amendment. All amendment requests must be made in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an amendment, we may also notify others who work with us and have copies of the un-amended record, if we believe that such notification is necessary. You may obtain an Amendments Request Form from the Privacy Officer at the location at which services were rendered. If we deny your request, you may submit a statement of disagreement to us, and we may prepare a rebuttal that will be provided to you. These materials may be distributed in future requests to review your health information. Please contact the appropriate Privacy Officer for questions about amendments to your health information. All amendments to client records are made by advance appointment, under the supervision of a staff member.
6. **Accounting for disclosures of individual health information.** You have the right to receive an accounting of certain disclosures made by us of your health information after November 1, 2018. Requests must be made in writing and signed by you or your representative. Accounting Request Forms are available from the Privacy Officer of the location at which the services were rendered. The first accounting in any 12- month period is free; you will be charged a fee of $15.00 for each subsequent accounting you request within the same 12-month period. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of the location at which the services were rendered (see list on page 1 of this notice). Your complaint must be in writing and must contain contact information, as well as your rationale for your complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave SW, Washington, DC 20201 in writing. There will be no retaliation for filing a complaint.