



# MINDFUL LIFE PC

## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- I. **MY PLEDGE TO YOU:** Your health information – which means any written or oral information that I create or receive that describes your health condition, treatment or payments – is personal. Therefore, I pledge to protect your health information as required by law. I give you this Privacy Notice to tell you (1) how I will use and disclose your Protected Health Information (“PHI”), and (2) how you can exercise certain individual rights related to your “PHI” as a Client of my practice. Because most, if not all, of your “PHI” concerns mental health and/or drug and alcohol treatment services, I am not permitted to disclose your “PHI” to any third party, in most cases, without first obtaining your prior written authorization or an order from a court of competent jurisdiction.
- II. **HOW I WILL USE AND DISCLOSE YOUR “PHI”:**
- (A) **To Provide Treatment.** I may use your “PHI” to provide, coordinate, or manage your health care and any related services. I may also disclose your “PHI”, if authorized, to another provider or person who is involved in your treatment. For example, I may disclose your “PHI” to a pharmacy to fill a prescription or to a laboratory to order a blood test. I may also disclose your “PHI”, if authorized, to another physician who may be treating you or consulting with me regarding your care.
- (B) **To Perform Health Care Operations.** To the extent permitted by law, I may also use or disclose your “PHI”, as necessary, to carry on my day-to-day health care operations, and to provide quality care to all of my Clients, but only on a “need-to-know” basis. These health care operations may include such legitimate business activities such as quality improvement; performance reviews; training; certification, licensing or credentialing activities; compliance reviews and audits; defending a legal or administrative claim; business management development; and other administrative activities.
- (C) **To Contact You.** To support my treatment, payment and health care operations, I may also contact you, by phone or mail, from time to time to (1) remind you of an upcoming appointment date or to (2) ask you to return a call, unless you ask me, in writing, to use an alternative means to communicate with you regarding these matters.
- (D) **To Be in Contact With Your Family and Friends.** Additionally, I may also disclose certain of your “PHI” from time to time, if authorized, to your family member or other relative, a close personal friend, or any other person specified by you, but only if the “PHI” is directly related to (1) the person’s involvement in your treatment or related payments, or to (2) notify the person of your physical location or a sudden change in your condition, while receiving treatment at my office.
- (E) **According to the Laws That Require or Permit Disclosure.** I may disclose your “PHI” when I am required or permitted to do so by any federal, state or local law, such as:

**When There Are Risks to Public Health.** For example, I may disclose your “PHI” to (1) report disease, injury or disability or to (2) notify appropriate persons regarding communicable disease concerns.

**To Report Suspected Abuse, Neglect or Domestic Violence.** I may notify government authorities if I believe that a Client is the victim of abuse, neglect or domestic violence, but only when specifically required or authorized by law or when the Client agrees to disclosure.

**To Conduct Health Oversight Activities.** I may disclose your “PHI” to a health oversight agency for purposes of authorized audit, investigation or enforcement action, but I will not disclose your “PHI” if you are the subject of an investigation and your “PHI” is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. I may disclose your "PHI" in the course of any judicial or administrative proceedings, but only with your prior express authorization or in response to an order of a court or administrative tribunal.

For Law Enforcement Purposes. I may disclose your "PHI" to a law enforcement official to, among other things, (1) report certain types of wounds or physical injuries; (2) identify or locate certain individuals; (3) report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.

In the Event of a Serious Threat to Health or Safety, or For Specific Government Functions. I may, consistent with applicable law and ethical standards of conduct, use or disclose your "PHI" if I believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public, or for certain other specified government functions permitted by law.

For Worker's Compensation. I may disclose your "PHI" to comply with Worker's Compensation laws or similar programs.

- (F) With Your Prior Written Authorization. Other than as stated above, I will not disclose your "PHI" without first obtaining your express written authorization. Please note that you may revoke your authorization in writing at any time, except to the extent that I have already taken action in reliance upon the authorization.

### **III. YOUR INDIVIDUAL RIGHTS CONCERNING YOUR "PHI":**

- (A) The Right to Inspect and Copy Your "PHI". To the extent permitted by law, you may inspect and obtain a copy of your "PHI" that I have created or received as I provide your treatment or obtain payment for your treatment. Please note that you may not inspect or copy your "PHI" if I believe that the access requested is likely to endanger your life or safety or that of another person, or if it is likely to cause substantial harm to another person referenced within the information. To request an opportunity to inspect and copy your "PHI", you must submit a written request to me. I may charge you a fee for the reasonable costs that I incur in processing your request.
- (B) The Right to Request Restrictions on How I Use and Disclose Your "PHI". You may also ask me, in writing, (1) not to disclose your "PHI" to certain family members or friends who may be involved in your care or for other notifications purposes described in this Privacy Notice; or to (2) communicate with you regarding upcoming appointments, treatment alternatives and the like, by contacting you at a telephone number or address other than at home. Also note that I am only required to agree to those restrictions that are reasonable and which are not too difficult for me to administer. Please note that it is your obligation to notify me if you wish to change or update these restrictions after your visit by contacting me directly.
- (C) The Right to Request Amendments to Your "PHI". You may request that your "PHI" be amended so long as it is part of my official Client Record. All such requests must be in writing and directed to me. In certain cases, I may deny your request for an amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may respond to your statement in writing and provide you with a copy.
- (D) The Right to Receive an Accounting. You have the right to request an accounting of certain disclosures in your "PHI". As before, your request must be made in writing to me. The request should specify the time period, but please note that I am not required to provide an accounting for disclosures prior to August 15, 2003. Accounting requests may not be made for periods of time in excess of six years. I will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- (E) The Right to File a Complaint. You have the right to contact me at any time if you have questions, comments or complaints about my privacy practices or if you believe I have violated your privacy rights. You also have the right to contact the Department of Health and Human Services in Washington, D.C. regarding these privacy matters. I urge you to contact me at (317) 296-2419 if you have any questions, comments or complaints. Please note that I will not take any action, or otherwise retaliate, against you in any way as a result of your complaint.

**As always, please feel free to contact me. I look forward to serving you. Thank you very much.**

