## Solutions for Life Counseling Services, LLC

169 East Pine Street, Ponchatoula, LA 70454

Phone and Fax 985.318.0309

# **Notice of Privacy Practices - Brief Version**

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.

### Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We also are required by law to keep your information private. These laws are complicated, but we must give you this important information. This pamphlet is a shorter version of the full, legally required NPP and you may have a copy of this to read and refer to it for more information. However, we can't cover all possible situations so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities which are called, in the law, health care **operations**. After you read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If we or you want to use or disclose (send, share, release) your information for any other purposes we wUl discuss this with you and ask you to sign an Authorization form to allow this. Of course we will keep your health information private but there are some times when the laws require us to use or share it. **For example**:

- 1. If you threaten grave bodily harm or death to another person, we are required to inform the intended victim and appropriate law enforcement agencies.
- 2. If you report to us your knowledge of the continuing physical or sexual abuse of a minor child by an adult, we are required to inform the appropriate child welfare agency which may decide to investigate the matter. The elderly and dependent adults are covered under this type of disclosure as well.
- 3. Your safety always takes precedence over confidentiality. In the event you become unable to care for yourself or there is good reason to suspect suicidal behavior, I am able to waive the right of confidentiality in order to help insure your safety

As part of the therapy experience sessions are subject to videotaping and/or hve supervision by the clinical supervisor. Pursuant to Louisiana Law, all tapes and information will be held in the strictest confidence and will be used only for the purposes of supervision and consultation. Tapes are erased after your client file has been closed and are not a part of the permanent record kept of the sessions. If you have any questions, please ask your counselor.

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#### Your rights regarding your health information

- 1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For, example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- 2. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
- 3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. (See below)
- 4. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer.
- 5. You have the right to a copy of this notice. If we change this NPP we will post the new version in our Waiting area and you can always get a copy of the NPP from the Privacy Officer.
- 6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with Secretary of the Department of Health and Hiunan Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

It is the policy of Solutions for Life Counseling Services, LLC to close all cases that are inactive for 90 days. If you desire further assistance from Solutions for Life Counseling Services, LLC after your file has been closed, you will need to be received as a new client.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is Sharon "Sherry" Hinkson and can be reached by phone at 985.318.0309. The effective date of this notice is 08/01/2015.

Also, you may have other rights which are granted to you by the laws of our state and these may be the same or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.