

# LIFESPRING COUNSELING SERVICES, PLLC

## NOTICE OF PRIVACY PRACTICES

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

### **PLEASE REVIEW CAREFULLY**

#### **Our Commitment Regarding Your Protected Health Information**

We understand the importance of your Protected Health Information (hereafter referred to as "PHI") and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private and accessible to you. PHI is information about you, including demographic data that can reasonably be used to identify you. This relates to your past, present, or future physical or mental health and the provision of health care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out "disclosed". We must follow the privacy practices described in this notice while it is in effect. This notice takes effect May 1st, 2018 and will remain in effect until we replace or modify it.

LifeSpring Counseling Services, PLLC reserves the right to change or replace our privacy practices and the terms provided in this statement at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will mail a revised notice to our clients.

#### **Our Uses and Disclosures of Protected Health Information**

We do not sell your PHI to anyone, nor disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or trademark firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

- **For Health Care Operations:** We may disclose your PHI for our health care operations, including for example:  
Communicating with you about treatment alternatives or other health-related benefits and services.
- **To Others Involved in Your Care:** We may under certain circumstances disclose to a member of your family, a relative, a close friend, or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss a claim determination with you in the presence of a friend or relative, unless you object.
- **When Required by Law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.
- **For Matters in the Public Interest:** LifeSpring Counseling Services, PLLC may use or disclose your PHI without your written consent for matters in the public interest, including for example
  - Reporting child abuse, neglect, or domestic violence
  - Danger to self or others
- **To Our Business Associates:** From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use of disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with business associates who process claims, or collection agencies.

#### **Disclosures You May Request**

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose.

## Individual Rights

**You have the following rights. To exercise these rights, you must make a written request to the Privacy Officer of LifeSpring Counseling Services, PLLC.**

- **Access:** With certain expectations, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims adjudication, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as summary we may charge a cost-based fee for preparing the summary. If we deny request for access, we will tell you the basis for our decision and whether or not you have the right to further review.
- **Disclosure Accounting:** You have the right to an accounting of certain disclosure of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on and after June 1st, 2008. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.
- **Restriction Requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
- **Amendment:** You have the right to request that we amend your PHI in the set of records we described under "Access". If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including individuals you name.

## PRACTICE AND PAYMENT POLICIES

Regarding payments, appointments, and emergencies.:

- **Payments: Payments, Co-payments, and deductibles are due at the time of service, or within 10 days of receiving a statement. You are responsible for payments that are not covered by the Insurance company. NSF checks will result in a fee of \$15.00 per check.**
- **Appointments: Cancelled appointments with less than 24 hours notice or a no-show will result in a \$60.00 charge** (exclusions: illness, increment weather, personal emergency).  
This fee will need to be paid at the next scheduled session or mail your payment to LCS.

## Questions and Complaints

If you want more information about our privacy practices, or a written copy of this notice, please contact:

**Privacy Officer, LifeSpring Counseling Services, PLLC**  
4228 Page Ave, Michigan Center, MI 49254

**Telephone: (517) 244-6050**

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

**PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE TERMS AND PRACTICES DESCRIBED IN THIS PRIVACY NOTICE AND IN LCS PAYMENT POLICIES NOTICE.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)