

Notice of Privacy Practices

Legacy Life Outreach LLC

Notice of Privacy Practices

Effective Date: Upon Date of Signature

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Your Privacy

At **Legacy Life Outreach LLC**, we understand that your health information is personal. We are committed to protecting your privacy and safeguarding your Protected Health Information (PHI). We create and maintain records of the care and services you receive to ensure quality care and to comply with legal requirements.

This Notice describes how we may use and disclose your health information and explains your rights regarding your PHI. We are required by law to:

- Keep your PHI private.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

We may update this Notice periodically. Any updates will apply to all health information we maintain and will be provided upon request.

II. How We May Use and Disclose Your Health Information

Uses and Disclosures for Treatment, Payment, and Health Care Operations:

We may use and disclose your PHI without your written authorization for purposes related to:

- **Treatment:** Coordination with other health care providers to ensure you receive appropriate care.
- **Payment:** Activities related to billing and payment for services rendered.
- **Health Care Operations:** Activities necessary for running our practice and improving care.

For example, your therapist may consult with another licensed provider about your treatment to improve care.

These disclosures are not subject to the "minimum necessary" rule because providers need access to complete information to offer quality treatment.

Lawsuits and Legal Proceedings:

If you are involved in a legal matter, we may disclose your PHI as required by law, including court orders, subpoenas, or discovery requests, after reasonable attempts to notify you or secure a protective order.

III. Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization for the following:

- **Psychotherapy Notes:** These are given extra protection under HIPAA. Authorization is required unless:
 - Used by your therapist for treatment.

- Used for training, supervision, or defending against a legal claim.
 - Required by law, oversight activities, or to avert serious threats.
 - Required by a coroner or to investigate compliance with HIPAA.
 - **Marketing Purposes:** We do not use your PHI for marketing.
 - **Sale of PHI:** We do not sell your PHI.
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IV. Uses and Disclosures That Do Not Require Authorization

We may use or disclose your PHI without your authorization in the following circumstances:

- **As required by state or federal law.**
 - **Public health activities:** Reporting suspected abuse, neglect, or preventing serious harm.
 - **Health oversight activities:** Audits or investigations.
 - **Judicial/administrative proceedings:** Responding to court orders.
 - **Law enforcement purposes:** Reporting crimes on our premises.
 - **Coroners or medical examiners:** As authorized by law.
 - **Research purposes:** Under certain privacy-protecting conditions.
 - **Specialized government functions:** Military, intelligence, national security, or correctional purposes.
 - **Workers' Compensation claims.**
 - **Appointment reminders or to inform you of health-related benefits.**
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V. Uses and Disclosures Where You May Object

We may share PHI with family, friends, or others involved in your care unless you object. This may occur retroactively in emergencies. A signed Release of Information is typically required.

VI. Your Rights Regarding Your PHI

1. Right to Request Limits on Use or Disclosure:

You may request limits on how we use or share your PHI. While we will consider your request, we are not required to agree if it affects your care.

2. Right to Restrict Disclosures for Out-of-Pocket Payments:

If you pay for services in full out-of-pocket, you may request that your information not be shared with your health plan.

3. Right to Request Confidential Communications:

You may request we contact you in a specific manner (e.g., phone vs. mail) or at a specific location. We will accommodate reasonable requests.

4. Right to Access Your PHI:

You may request a copy of your health records (excluding psychotherapy notes). We will provide records within **30 days** and may charge a reasonable fee.

5. Right to an Accounting of Disclosures:

You may request a list of PHI disclosures (not related to treatment, payment, or operations) for the past **six years**. We will respond within **60 days**. Additional requests within the same year may incur a reasonable fee.

6. Right to Amend Your PHI:

You may request corrections or additions to your PHI. If we deny your request, we will explain why in writing within **60 days**.

7. Right to a Paper or Electronic Copy of this Notice:

You may receive this Notice electronically or request a paper copy at any time.

Acknowledgment of Receipt of Privacy Practices

Under HIPAA, you have certain rights regarding your health information. By signing below, you acknowledge receipt of this **Notice of Privacy Practices** and understand your rights.

Client Acknowledgment & Consent

- I have received, read, and understand this Notice of Privacy Practices.
- I understand how my health information may be used and disclosed.
- I understand my rights regarding my PHI under HIPAA.