



Effective Date: April 14, 2003

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND 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 Protect Your Mental Health and Medical Information

You have a right to privacy with respect to your past, present, and future mental health and medical information. Life Evolutions Behavioral Healthcare, LLC (Life Evolutions BHC;) is required by law to protect your information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. You have the right to receive a paper copy of this Notice. An electronic copy of this Notice is also available on our website <http://www.lifeevolutionsbhc.com>

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. In the event this Notice is revised, you may request a paper copy of the revised notice or view the revised notice at the above web address.

How We May Use and Disclose Your Protected Health Information

We use and disclose protected health information for a variety of reasons. In general, our use and disclosures fall within the following three categories: treatment, payment, and health care operations.

Treatment – We will use your protected health information and disclose it to others as necessary to provide treatment to you. For example, members of our clinical staff may access your record in the course of your care, or share information in the process of coordinating your care. Such staff members include physicians, psychologists, nurses, and other mental health professionals. Additionally, disclosure to another facility, community health center, or private practitioner may become necessary for your continued treatment.

Payment – We will use or disclose your protected health information as necessary to arrange for payment of services provided to you. For example, information about your diagnosis and the services we provide to you may be included in a bill that we send to a third-party payer.

Health Care Operations – We will use or disclose your protected health information in the course of operating Life Evolutions BHC Center or for the health care operations of another organization that has a relationship with you. For example, our quality assurance staff reviews records to ensure that our high standards of treatment delivery are reached consistently. In addition, Life Evolutions BHC may contract with outside companies, or “business associates”, such as consultants, accountants, lawyers, and medical transcriptionists, to provide services that may involve the use of your protected health information.

Unless you instruct us otherwise, we may also send appointment reminders, information about treatment options and other health-related benefits that may be of interest, and other similar materials to you.

Uses and Disclosures Requiring Your Authorization We are generally prohibited from using or disclosing your protected health information for purposes other than treatment, payment, and health care operations without your written authorization, unless the use or disclosure is within one of the categories described below. In addition, we For health oversight activities generally may not use or disclose psychotherapy notes written by your mental health provider without your written authorization, even for treatment, payment and health care operations. You have the right to revoke your authorization in writing at any time, except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring an Authorization By law, we may use or disclose certain of your protected health information without an authorization in the following circumstances:

When required by law – We may disclose protected health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to certain criminal activity, or in response to a court order. We must also disclose protected health information to authorities that monitor our compliance with these privacy requirements.

For public health activities – We may disclose certain protected health information to public health agencies as permitted or required by law.

– We may disclose certain protected health information to certain government agencies for oversight activities authorized by law.

Judicial and Administrative Proceedings – We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information in certain cases in response to a subpoena, discovery request, or other lawful process, subject to your notice and opportunity to object.

Relating to deceased individuals – We may disclose certain protected health information related to death to pursuant to a valid subpoena of a coroner or medical examiner.

To avert a serious threat to health or safety – We may disclose protected health information, in order to avoid a serious threat to your health or safety and the health and safety of the public or another person.

For specific government functions – We may disclose protected health information as required by military authorities, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security and intelligence reasons, such as protection of the President.

Uses and Disclosures of Alcohol/Drug Treatment Records

At Life Evolutions BHC Centers, personally identifying information related to the treatment of substance abuse has special legal privacy protections. We will not disclose any information identifying you as a consumer of our services or provide any mental health or medical information relating to substance abuse treatment except in certain circumstances, including but not limited to: (1) you consent in writing; (2) a court orders disclosure of the information after a show cause hearing as required under Georgia Law; (3) medical personnel need the information to meet a medical emergency; (4) qualify in personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or threat to commit a crime or to report child abuse or neglect as required by law. As applicable, you will be provided an additional notice regarding the confidentiality of substance abuse information.

Uses and Disclosures to Which You May Object

In the following situations, we may disclose a limited amount of your protected health information if we inform you in advance and you do not object, as long as the disclosure is not otherwise prohibited by law:

To families, friends, or others involved in your care – We may share with these people certain information directly related to their involvement in your care, or payment for your care. We may share certain protected health information with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information-You have the following rights with respect to your protected health information:

To obtain access to your protected health information – You generally have the right to see and obtain copies of your protected health information upon written request. We may deny you access to review or copy your protected health information. If your request is denied, we must provide you with a reason for the denial and explain any right to have the denial reviewed. If we grant your written request for copies of your protected health information, we will advise you in advance of any fees we may impose for the costs of copying and mailing.

To request restrictions on uses and disclosures – You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restriction. If we do agree to any restriction, we will put the agreement in writing and abide by it except in the case of emergency situations. We cannot agree to limit uses and disclosures that are required by law.

To receive confidential communications – You have the right to request that we communicate with you by using an alternative address or by alternative means. We must agree to your request as long as it is reasonable for us to comply.

To an accounting of disclosures – You have the right to receive upon written request an accounting of when, to whom, for what purpose, and what content of your protected health information has been released for the past six years. This list will not include the following instances for disclosure: for treatment, payment, and health care operations; to you, to your family, or for a facility directory; or pursuant to your written authorization. The list of disclosures will not include any certain other disclosures, such as those made to law enforcement officials or correctional facilities, for national security purposes, or disclosures made before April 14, 2003. There will be no charge for the first accounting you request within a 12 month period. For additional lists within the same period, we will advise you in advance of any fees we may impose.

To request an amendment – If you believe that your protected health information is incorrect or incomplete, you have the right to request in writing that we amend the information. Your request must include the reason you are seeking a change. We may deny your request if (1) we did not create the information or the information is not part of our records; (2) the information is not permitted to be disclosed; or (3) the information is correct and complete. Any denial must be in writing and must state the reasons for the denial and explain your right to submit a statement of disagreement and to have your statement (and any rebuttal), along with your request and the denial, appended to your record.

Contact Information Regarding Our Privacy Practices- If you have questions, concerns, or complaints about our privacy practices, or if you disagree with a decision regarding access to your information, please contact Atasha M. Murray, PO BOX 83339, Conyers, Georgia 30013, (404 636-5346) . You may also file a grievance with the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-877-696-6775. You will not be penalized for filing a complaint or grievance.



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this Acknowledgement of Receipt, you acknowledge that you have received a copy of the Notice of Privacy Practices of Life Evolutions Behavioral Healthcare, LLC. Our Notice of Privacy Practices describes and contains information about our legal duties and privacy practices and about your legal rights with respect to your protected health information. We encourage you to read out Notice of Privacy Practices in Full.

I acknowledge receipt of the Notice of Privacy Practices of Life Evolutions Behavioral Healthcare, LLC.

Signature: _____ Date: _____
(Client/legal representative)

