

## HIPAA Notice of Privacy Practices

Love Life Therapy Center, LLC  
31 N 6th Avenue  
Suite 105-258  
Tucson, AZ 85701

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### NOTICE OF PRIVACY PRACTICES

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

**I. OUR PLEDGE REGARDING HEALTH INFORMATION:** We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from me. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this behavioral healthcare practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information that we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in my office, and through the web portal.

**II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. An authorization is your signed, written permission which permits only specific disclosures above and beyond the general consent. When we are asked for PHI for purposes outside of payment, treatment, or operations, we will obtain an authorization before releasing this information from your record or from my psychotherapy notes. You may revoke an authorization at any time, provided your revocation is in writing. However, you may not revoke an authorization to the extent that (1) I have relied on it; or (2) it was obtained as a condition for insurance coverage and law

gives the insurer the right to contest the claim. Insurance companies may request PHI from your record but not from psychotherapy notes without your authorization.

**Lawsuits and Disputes:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release the information without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law..
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, we will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, we will not sell your PHI in the regular course of my business.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
  - Child Abuse: We are required to report to the appropriate authorities when we have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
  - Adult and Domestic Abuse: If we believe that a vulnerable adult (ex. incapacitated or facility resident) is the victim of abuse, neglect or domestic violence or the possible victim of other crimes, we may report such information to the relevant county department or state official.
  - Serious Threat to Health or Safety: If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identifiable victim (or victims) and I believe you have the intent and ability to carry out such a threat, we have a duty to take reasonable precautions to prevent the harm from occurring. This may include disclosing PHI to the potential victim and/or to the police, and to initiate the appropriate hospitalization procedures. If we believe that there is an imminent risk that you will inflict serious harm on yourself, we may disclose PHI in order to protect you.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. You may determine by which means you prefer to be contacted however and may revoke this type of contact. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

11. Minimum Necessary Rule: Under circumstances of disclosure of your PHI, we will make every effort to release only the minimum PHI about you that is necessary for the requested purpose. Be aware that your contract with your health insurance company requires that we provide it with PHI about you, including a clinical diagnosis. Sometimes we are required to provide treatment plans, summaries, or the entire record. This PHI will become part of the insurance company's files. Although they claim to keep it confidential, we have no control over your information once they have it. We will provide you with a copy of any report I submit if you request it. Your insurance company cannot require access to my psychotherapy notes as a condition of coverage.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. we may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone, e-mail, etc) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. we will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

## VI. MINORS AND PARENTS

1. Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's record. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they give up their access. If they agree, during treatment we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless we feel that the child is in danger or presents a danger to someone else. In that case, we will notify the parent(s) of our concern. Before giving parents any PHI, we will discuss the matter with the child, if possible, and do my best to handle objections that he/she/they may have.

## V. COMPLAINTS

1. If you are concerned that we have violated your privacy rights, or you disagree with our decision about access to your record, please let us know. If you feel unsatisfied with our resolution or want further input you may contact the Arizona Board of Behavioral Health Examiners. we can provide you with the contact information upon request.

## VIII. Record Storage, Access, and Disposition

1. While you are an active client, your record and psychotherapy notes are kept in locked storage at my office and/or in an electronic health record that is HIPAA compliant. Once you are inactive as a client these records are maintained in a secure storage site in a physical and/or secure electronic file. The records will be maintained and securely stored for seven years from the date of and last activity as a client. After seven years, your record and psychotherapy notes will be destroyed using a commercial shredding company licensed to properly handle secure confidential records. If you wish to access your record or you require information from your record, contact your primary therapist or owner/director, Erin Lowry, LCSW, CST, at Love Life Therapy Center, LLC. If you do not know how to find your primary clinician or owner/director due to the dissolution of the practice, information for contacting us or an alternate Custodian of Records will be on file with the Arizona Board of Behavioral Health Examiners, 3443 North Central, Suite 1700, Phoenix, AZ 85012, phone (602) 542-1882.

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on March 21, 2022

## **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**