



## Notice of Privacy Practices

**This notice describes how medical information about a client may be used and disclosed and how that client or their legal guardians can get access to this information. Please review it carefully.**

*\*For purposes of this document, the term "Client" also includes legal guardians of minor or disabled clients.*

Emotional Balance, LLC understands that we collect private and/or potentially sensitive medical information about each client and/or the client's family. We call this information "Protected Health Information," or PHI. This notice explains how we may use and disclose client PHI to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes client rights to access and control their PHI. PHI is information about the identified client, including demographic information, that may identify them and that relates to their past, present, or future physical or mental/behavioral health condition and related health care services.

Emotional Balance, LLC is required by law to abide by the terms set forth in this notice. We reserve the right to change this notice and make new provisions at any time. If our information changes, a revised Notice of Privacy Practices will be provided to the client. Client PHI will not be used or disclosed without written authorization except as described in this notice. In addition, clients have the right to:

- Receive a copy of the Notice of Privacy Practices from us upon enrollment or upon request.
- Request restrictions on our uses and disclosures of client PHI for treatment, payment, and health care operations. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. This request must state the specific restrictions requested and to whom you want the restriction to apply.
- Request to receive communications of PHI in confidence.
- Inspect and obtain a copy of the PHI contained in your medical and billing records and in any other practice records used by us to make decisions about treatment. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
- Request an amendment to your PHI. We may deny your request for an amendment if we determine that the PHI or record that is the subject of the request:
  - was not created by us unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
  - is not part of your medical or billing records;

- is not available for inspection as set forth above; or
- is accurate and complete.
- Any agreed-upon amendment will be included as an addition to, and not a replacement of, already existing records.
- Receive an accounting of disclosures of PHI: This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- Revoke your authorization to use or disclose PHI except to the extent that we have already taken action in reliance on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

## USES AND DISCLOSURES OF PHI

Your PHI may be used and disclosed by your clinician, our administrative staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Emotional Balance, LLC's practice.

The following are examples of the types of uses and disclosures of your PHI that Emotional Balance, LLC is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made. *\*All references to "you" or "your" refer to both you and your participant if you are a caregiver or legal guardian of a participant receiving services with Emotional Balance, LLC.*

Emotional Balance, LLC may use and/or disclose your clinical information for the following purposes:

**Treatment:** We may use and disclose PHI in the provision, coordination, or management of your health care, including consultations between healthcare providers regarding your care and referrals for health care from one healthcare provider to another.

**Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose PHI about you in response to a court or administrative proceeding.

**Payment:** We may use and disclose PHI to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose PHI to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to participant complaints, physician reviews, compliance programs, audits, business planning, development, management, and administrative activities.

**Appointment Reminders:** We may use and disclose PHI to contact you to provide appointment reminders.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your PHI to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the PHI directly relevant to their involvement in your care or payment. We may also disclose your PHI to notify a person responsible for your care (or to identify such person) of your location, general condition, or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include third-party billing services and electronic health record services. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Worker's Compensation:** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.

**Communicable Diseases:** We may disclose PHI to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose PHI to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose PHI as required by law or in response to a valid judge-ordered subpoena. For example, in cases of victims of abuse or domestic violence, to identify or locate an order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Abuse or Neglect:** We may disclose PHI to notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Coroners, Medical Examiners, and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about participants to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for a purpose such as controlling disease, injury, or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

## **COMPLAINTS**

If you have questions about this notice or would like additional information, you may contact Emotional Balance, LLC. Directly.

If you believe your privacy rights have been violated by us, you may complain to us or to the United States Secretary of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

Contact Information:

Emotional Balance, LLC: 402-680-6429 or [Crystal@emotionalbalancelc.com](mailto:Crystal@emotionalbalancelc.com).

OR

U.S. Department of Health and Human Services

Office of the Secretary

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel: (202) 619-0257

Toll Free: 1-877-696-6775

<http://www.hhs.gov/contacts>

Client Name Printed

DOB

Client/Legal Guardian Signature

Date

Legal Guardian Name Printed