

# **LIGHT OF LIFE COUNSELING NOTICE OF PRIVACY PRACTICES**

**Latest Update 12/02/25**

THIS NOTICE DESCRIBES HOW LIGHT OF LIFE COUNSELING SERVICES (LLCS) MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) AND HOW PATIENTS CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

- I. **LLCS PLEDGE REGARDING PHI:** LLCS created a record of the care and services patients receive from LLCS providers. This record is necessary to provide patients with quality care and to comply with certain legal requirements. This notice applies to all the records of care generated by this agency. LLCS understands that PHI about a patient and their health care is personal and is committed to protecting PHI. This notice describes the way in which LLCS is obligated to use and disclose PHI and describes a patient's rights to PHI maintained by this practice. LLCS is required by law to:
- Make certain PHI that identifies a patient is kept private
  - Provide a notice of legal duties and privacy practices pertaining to PHI
  - Follow terms of the Notice that is currently in effect.
  - Inform patients that LLCS can change Notice terms, applicable to all collected PHI and is required to make available the new Notice upon request, via paper or electronic media.
- II. **HOW LLCS MAY USE AND DISCLOSE PHI:** The following categories with included examples will describe different ways LLCS can use or disclose PHI. List of uses or disclosures in each category are not exhaustive, but all methods LLCS is permitted to use and disclose PHI will fall within a category.

**For Treatment Payment, or Health Care Operations:** Federal privacy rules and regulations allow health care providers with a direct patient treatment relationship to use or disclose patient's PHI without the patient's written authorization, to carry out the provider's treatment, payment, or health care operations. Providers may also disclose a patient's protected health information for the treatment actions of the patient's healthcare provider. This can be done without the patient's written authorization. For example, a provider would be permitted to use and disclose your confidential PHI, for consultations with other necessary providers to assist in diagnosis and treatment of a patient's mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. This is because psychiatrists, therapists, and other healthcare providers need access to the full record and/or full and complete information to provide quality care. The word "treatment" includes the coordination and management of healthcare providers with a third party, consultations between healthcare providers and referrals of a patient for health care between healthcare providers.

**Lawsuits and Disputes:** LLCS may disclose PHI in response to a court or administrative order if a patient is involved in a lawsuit. PHI may also be disclosed about children in care in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if efforts were made to inform patients of the request or to obtain an order protecting the PHI requested.

III. **CERTAIN USES AND DISCLOSURES REQUIRE A PATIENT'S AUTHORIZATION:**

1. **Psychotherapy Notes.** "Psychotherapy notes" as defined in 45 CFR § 164.501 are kept, and their use or disclosure requires patient authorization unless use or disclosure is:
  - a) For LLCS's use in treating the patient.
  - b) For LLCS's use in training or supervising mental health practitioners to improve their skills for group, joint, family, or individual therapy
  - c) For LLCS's use in defending against legal proceedings instituted by the patient
  - d) For use by the Secretary of Health and Human Services to investigate LLCS's compliance with HIPAA.
  - e) Required by law and the use or disclosure is limited to the law's requirement.
  - f) Required by law for health oversight specific to a psychotherapy note's originator

- 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. LLCS will not use or disclose patient PHI for marketing purposes.
- 3. Sale of PHI. LLCS will not sell a patient's PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE A PATIENT'S AUTHORIZATION. Subject to certain limitations in the law, LLCS can use and disclose PHI without a patient's 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.
- 3. For health oversight activities, including audits and investigations.
- 4. For judicial or administrative proceedings, (i.e., responding to a court or administrative order), though LLCS' preference is to obtain patient authorization before proceeding
- 5. For law enforcement purposes, including reporting crimes occurring on LLCS' premises
- 6. To coroners or medical examiners, when performing duties authorized by law
- 7. For research, including study and comparison of the mental health of patients receiving differing forms of therapy for the same condition.
- 8. Specialized government functions including:
  - a) Ensuring the proper execution of military missions
  - b) Protecting the President of the United States
  - c) Conducting intelligence or counter-intelligence operations; or
  - d) Helping ensure the safety of individuals within or housed in correctional institutions.
- 9. To comply with workers' compensation laws. LLCS prefers to obtain prior authorization
- 10. Appointment reminders and health-related benefits or services (i.e., reminders of LLCS appointments, treatment alternatives, or other health care services or benefits offered)

V. CERTAIN USES AND DISCLOSURES REQUIRE PATIENTS THE OPPORTUNITY TO OBJECT.

- 1. Disclosures to family, friends, or others. LLCS may provide PHI to a family member, friend, or other persons a patient identifies as involved in their care or authorized to make payment for their treatment, unless the patient objects in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- 2. Mobile opt-In Data. No Mobile opt-in data will be shared with third parties or affiliates for marketing or promotional purposes. This excludes text messaging originator Opt-in-data and consent, which will not be shared with any third parties
- 3. SMS Terms Conditions. By opting in to receive messages, the end user agrees to receive communications from LLCS for service scheduling purposes. End users can opt out at any time by replying "STOP" or request more information by replying "HELP." Message and data rates may apply.

VI. CLIENTS HAVE THE FOLLOWING RIGHTS WITH RESPECT TO THEIR PHI:

- 1. The Right to Request Limits on Uses and Disclosures of PHI. Clients have the right to ask LLCS not to use or disclose certain PHI for treatment, payment, or health care operations purposes. LLCS may "disagree" with the request if believed detrimental to treatment.
- 2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. Clients have the right to request restricted PHI disclosure to health plans for out-of-pocket health services paid in full.
- 3. The Right to Choose How LLCS Sends PHI. Clients have the right to be contacted in a specific way (for example, home or office phone) or to send mail to a different address. LLCS will agree to all reasonable requests.
- 4. The Right to See and Receive Copies of patient PHI. Other than "psychotherapy notes," patients have the right to an electronic or paper copy of their medical record and other information collected. LLCS will provide patients with a copy or summary of their record if

patient agrees to receive a summary, within 30 days of submitting a written request. LLCS may charge a reasonable, cost-based fee for this effort.

5. The Right to Receive a List of LLCS Made Disclosures. You have the right to request a list of instances in which LLCS has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. LLCS will respond to your request for an accounting of disclosures within 60 days of receiving a patient's request. The list LLCS provides will include disclosures made in the last six years unless a shorter period is requested. LLCS will provide the first list at no charge, but subsequent requests in the same calendar year will incur a reasonable cost-based fee for each request.
6. The Right to Correct or Update PHI. If a patient believes there is a mistake in their PHI, or that important information is missing, a patient has the right to request correction via change or addition to existing information. LLCS may deny the patient's request with a written explanation within 60 days of receiving the request.
7. The Right to receive a Paper or Electronic Copy of this Notice. Clients have the right receive a copy of this Notice in paper or in electronic form. A Paper Copy may still be requested after agreeing to receive this Notice via e-mail.

VII. USE OF ELECTRONIC HEALTH INFORMATION EXCHANGES (HIES): LLCS and its affiliates endorse, support, are open to participating in programs to improve the quality of your health and healthcare experience. HIEs provide a way to share patients' clinical information electronically securely and efficiently with other physicians and health care providers that participate in HIE networks. Sharing PHI through HIEs aid providers to provide patients better and more effective care. HIEs also empower emergency medical personnel and other providers rendering emergency treatment immediate access to a patient's medical data in a crisis. Making PHI available to a patient's health care providers using HIEs can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. Clients may choose to opt-out of participation in your state HIE, or cancel an opt-out choice, at any time. To date LLCs only shares PHI with HIEs to conform with insurer audit requirements.

Patients will be asked to acknowledge receipt, review and understanding of LLCS's Notice of PHI Practices and regarding their providers participation in the statewide HIE, or that you previously received this information and decline another copy. You will also have an option to opt out of any HIE by calling the LLCS office at 623.628.8788.

Light of Life Counseling Services values patient privacy. Please contact LLCS at 623.628.8788 with any questions about this notice.

VIII. COMPLAINTS: In the event, while in service, a patient feels that their rights have been violated by the action of: An LLCS staff member or program participant, believe that policies and procedures have not been followed appropriately, believe discrimination has occurred, received unequal treatment, or experience something not believed right, please follow the procedure below:

- Submit a detailed description of the problem(s) including dates, times, individual(s) involved and contact information to: [info@lightoflifecounseling.com](mailto:info@lightoflifecounseling.com)
- A leadership member will provide a response verbally or written within 5 business days.
- A patient may also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf/> or by mail or phone to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Work: 1.800.368.1019 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>