



Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

Life's Journey understands that your privacy is important. We are required by law to maintain the privacy of "protected health information". Protected health information includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care.

We are required by law to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and agency policy.

Your Rights

1. You have the right to inspect or request copies of your records. This process is to be kept confidential. This right is not absolute; in certain cases, such as if access to records may cause harm, we can deny you access. You must make a request in writing to this provider or the office of client affairs. If denied access, you will receive a timely, written notice of the decision and reason; a copy of the notice then becomes a part of your record.
2. You have the right to request an amendment of your medical records if you believe information in the record is not accurate or is not complete. You must make this request in writing to this provider or the office of client affairs. We may deny the request for proper reasons and you will receive a copy of the written explanation of the denial.
3. You have a right to receive an accounting of the agency's disclosures of your protected health information that was not for the purpose of treatment, payment, health care operations or that was not authorized by you. You may also have the right to receive the names of anyone other than employees of Life's Journey, who received information about you from the agency.
4. You have the right to request from this provider a restriction regarding the use or disclosure of your protected health information. This request will be given serious consideration by the privacy officer and you will be informed promptly whether we will be able to grant the requested restriction and continue to offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.
5. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your primary care coordinator. We will agree to all reasonable requests.
6. You have the right to obtain a paper copy of this privacy notice at any time upon request.

Disclosure and Use of Your Information

Upon signing Life's Journey's Consent to Treatment and Services, you are allowing us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct our daily health care operations.



Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment means activities we may undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. When we bill the insurance carrier or other third-party payor for the services rendered to you, we may provide the carrier or other third-party payor with information regarding our care, if necessary, to obtain payment.

Health care operations mean the support functions of our practice related to treatment and payment such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Disclosures Related to Communication with You or Your Family

You may be contacted by Life's Journey to provide appointment reminders; information about treatment alternatives; or information about health-related benefits and services that may be of interest to you.

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

Other Situations

Life's Journey is also allowed by federal and state law to disclose specific health information about you in special circumstances as follows.

1. For public health risks such as preventing or controlling disease, injury or disability; reporting births or deaths; reporting victims of abuse, neglect or domestic violence; reporting reactions to medications; to notify people of product recalls; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
2. Law enforcement purposes. We may release medical information if required by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of a criminal conduct; about criminal conduct on our premises; and in emergency situations to report a crime, location of the crime or victims or the identity, description or location of the person who committed the crime.
3. If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
4. If you are a member of the Armed Forces, we may disclose medical information about you as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
5. We may release medical information to federal to state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
6. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute.



7. To a correctional institution, when the release of your medical information would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
8. When permitted by law, we may coordinate our disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.
9. We may use and disclose protected health information as permitted by law and standards of ethical conduct if we in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
10. We may release medical information to the State Department regarding medical suitability for a security clearance or related to National Security and Intelligence agencies providing protective services to the client of the United States.
11. We may release medical information to a coroner or medical examiner in order to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.
12. We may release medical information to the Department of Health and Human Services regarding an investigation about our compliance with federal regulations.

Authorization

We are required to obtain your authorization to use or disclose your protected health information for any reasons other than for treatment, services, payment or health care operations and other specific situations. We may use a Release of Information form that specifies what information will be given to whom and for what purpose. The Release form will be signed by you or your legally authorized representative. You may revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

Changes

Life's Journey, Inc. reserves the right to change any of its privacy policies and related practices at any time as allowed by federal and state laws, and to make the changes effective for all protected health information maintained by us. Updated privacy notices will be posted at all service locations and made available upon request.

HIPAA- Health Insurance Portability and Accountability Act

The following information describes how Life's Journey may use or disclose your health information.

Your Rights

- You may ask for an electronic or paper copy of your medical record
- You may ask Life's Journey to correct your medical record
- You may request confidential communications
- You may ask Life's Journey to limit what information we use or share
- You may ask for a list of those with whom we have shared information
- You may choose someone to act on your behalf
- You have the right to file a complaint if you feel your rights have been violated.
- You have the right to file a complaint with Life's Journey if you feel we have violated your rights by contacting Life's Journey by phone at 757-622-0700 or by email at contact@lifesjourneyservices.com.



- You have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights either by letter, phone, or online at the address below: U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC, 20201
Telephone: 1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

Your Choices

If you have a specific preference as to how we share your information in the situations described below, please let us know so we can follow your instructions. If you are not able to specify your preferences, for example if you are unconscious, we may share some information if we believe it is in your best interest.

- Sharing your information with your family, close friends and/or others involved in your care
- Sharing your information in a disaster relief situation

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Other Important Information You Should Know

- Life's Journey may use or share your health information in the following ways:
 - Life's Journey can use/and share your health information with other professionals involved in your health care once you sign a consent to treatment or release of information
 - Life's Journey can use/and share your health information to improve your care on how our practices run and contact you when necessary
 - Life's Journey can use/and share your health information to bill and receive payment from health insurances and/or other entities
 - Life's Journey will not market and sell your health information. Life's Journey is allowed and at times is required to share your information in other ways such as research that contributes to the public good. Life's Journey is required to meet many standards and regulations by law before we can share your information for these purposes.

For more information visit either website listed below:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index/html

<http://www.healthinfoweb.org/federal-law/42-cfr-part-2>

Patient Notice of Protection of Alcohol and Drug Abuse

Patient Records Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2

The patient records of Life's Journey are protected by Federal law and regulations. Life's Journey is required by 42 CFR Part 2 to provide its clients with this notice "Patient Notice of Protection of Alcohol and Drug Abuse Patient Records".



Generally, Life's Journey, including its employees and agents (e.g. externs, interns, contractors, etc.,) may not say to anyone outside of Life's Journey that a patient is receiving treatment or identify a patient of Life's Journey as an alcohol or drug abuser without the patient's written consent, disclosure permitted by a court of law, or when the disclosure is being made to medical personnel in connection with a medical emergency or to qualified personnel for research, audit, or Life's Journey evaluation.

Violation of the Federal law and regulations by Life's Journey is a crime. Suspected violations may be reported to Life's Journey either by telephone at 757-622-0700 or by email at contact@lifesjourneyservices.com.

Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient or any threat to commit such crime, either at Life's Journey or against any staff member of Life's Journey.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 20dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

For any questions regarding this Patient Notice, please contact:

Life's Journey
2551 Eltham Ave., Ste A
Norfolk, VA 23513
Telephone: 757-622-0700
Fax: 757-622-2400