



## Notice of Privacy Practices

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO OUTLINES HOW YOUR RIGHTS WITH REGARD TO YOUR MEDICAL INFORMATION AND PRIVACY.  
PLEASE REVIEW THIS CAREFULLY*

### INTRODUCTION

LifeSkills, Inc. is committed to treating and using your protected health information responsibly. This Notice of Privacy Practices describes how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is Effective September 23, 2013 and applies to all protected health information in custody of LifeSkills, Inc as defined by Federal Regulation. If you wish to address any of the issues outlined in this document you can contact the manager of the service center where you are receiving services or you can contact LifeSkills, Inc. HIPAA Privacy and Security Officer:

HIPAA Privacy Officer  
P.O. Box 6499  
Bowling Green, KY 42102-6499  
Phone Number 270.901.5000

LifeSkills, Inc. reserves the right to change the privacy practices described in this notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at each service location. (45 CFR 164.520, 45 CFR 164.520(b)(1)(i), 45 CFR 164.520(b)(1)(v)(A-C))

### **HOW LIFESKILLS, INC. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

#### **We will use your health information to provide, coordinate or manage your treatment.**

For example: Information obtained by a staff member involved in your treatment will be recorded in your record and used to determine the course of treatment that should work best for you. Information from your record, both written and oral, and will be shared among LifeSkills team members who are directly involved in your treatment. Your health information may be used to contact you for appointment reminders if you elect to have reminders. Your health information may be used to coordinate treatment between other treating providers.

#### **We will use your health information for Payment**

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and services provided. Only the minimum amount of information necessary to obtain payment will be sent.

**We will use your health information for regular healthcare operations.**

For Example: Members of LifeSkills' staff who are not directly involved in your treatment may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

(45 CFR 164.520(b)(1)(vii), 45 CFR 164.526(b)(1)(v)(C), 45 CFR 164.526(b)(1)(u)(A-D)

**HOW LIFESKILLS INC. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

LifeSkills, Inc. takes the security of your health information seriously. We strive to ensure that all records are kept confidential and secure. However there are times when it is necessary or we are compelled to release your protected health information without your written consent/authorization. Please note that under certain circumstances those clients receiving substance abuse services are going to have additional protections for their protected health information afforded to them under 42 CFR Part II. The examples listed below do not address the additional protections. The examples below outline some of those instances.

**1. As required by Law** - We may be compelled to disclose your protected health information for law enforcement purposes as required by law. For example – we may disclose protected health information as part of a child abuse report or in response to a valid court order.

**2. Public Health** – LifeSkills, Inc. may release your health information to local, state or federal public health agencies as required by law to aid in the prevention or control of disease, injury or disability.

**3. Business Associates** – There are some services provided in or on behalf of, our organization through contacts with business associates. Examples include contracting with the following: Auditors, attorneys and subcontractors. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. All business associates are required to adhere to the same information privacy and security standards as LifeSkills.

**4. Research** – Under certain circumstances, and only after a dedicated approval process meeting federal and state requirements, we may be requested to disclose your protected health information to help conduct medical research. If this is done, protocols will be instituted by an institutional review board to ensure the privacy of your protected health information.

**5. Coroners or Medical Examiners** – We are required to release your health information to a coroner or a medical examiner without authorization. This may be necessary to determine a cause of death.

**6. Workers Compensation** – We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**7. Health Oversight Activities** – We will disclose your health information, as necessary, to health agencies authorized to by federal and state laws to conduct audits, investigations, licensure reviews and other activities that are related to the oversight of LifeSkills, Inc by authorized government agencies.

**8. Victims of Abuse, Neglect or Violence** – We will disclose your protected health information, only to the extent necessary, to report abuse, neglect or violence as required by law.

**9. Law Enforcement** – We may disclose your protected health information to a law enforcement officer/official when required by law. An example would be when a client commits or is suspected of committing a crime on the premises of LifeSkills, Inc. In addition there may be circumstances where we are required to release your protected health information to avert a serious threat to you or another's health and safety. Disclosure in these instances is usually limited to law enforcement personnel who are involved in protecting the public safety.

**10. Judicial and Administrative Proceedings** – We may be compelled by court order to disclose your protected health information in response to a valid court order commanding LifeSkills, Inc to release the information without your permission, consent or authorization.

### **WHEN LIFESKILLS, INC. IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

We will not use or disclose your health information without your written authorization with exception to the events/conditions previously listed in this document. Uses and disclosures of protected health information that utilize psychotherapy notes, marketing or the sale of your protected health information require your specific, written authorization. Should you authorize LifeSkills, Inc. or any agent thereof to release your information, you may revoke your authorization in writing at any time. Should you choose to revoke your authorization in writing we will no longer use/disclose information previously authorized. We cannot, however, restrict information previously released prior to your notification of revocation.

### **YOUR HEALTH INFORMATION RIGHTS**

1. Inspect and receive a copy of your Protected Health Information - You have the right to inspect your health record and to receive a copy of your protected health information. You have the right to request that this information be provided in electronic form or format. If the form and format are readily produced, then LifeSkills, Inc will make a reasonable and appropriate effort to accommodate your request. Our standard is however to produce a PDF document saved on a CD. This right applies to items found in our legal health record. This does not however apply to psychotherapy notes, which are not part of our designated record set, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to:

LifeSkills, Inc.  
Medical Records Custodian  
P.O. Box 6499  
Bowling Green, KY 42102-6499

**(45 CFR 164.524)**

2. You have the right to request a correction to your health information. You have the right to request that LifeSkills, Inc. amend incorrect or incomplete health information. An example would be that if you believe we recorded your date of birth incorrectly, you may request a correction in writing. Please note that we are not required to change your health information. If your request is denied, we will provide you with information regarding the denial; how you can disagree with the denial and any further actions you are afforded. You must submit your request, along with a reason to the address listed above.

**(45 CFR 164.528)**

3. You now have the right to request restrictions to certain types of disclosures of your PHI under certain conditions. You have the right to request a restriction on how your health information is used and to whom it is disclosed. LifeSkills, Inc. is not required to agree under all circumstances to the restrictions on disclosure except in the instance of restrictions of information to a health plan which meets all of the following conditions:
  - a. The disclosure is to a health plan
  - b. The disclosure is for carrying out the functions of either payment or healthcare operations
  - c. The disclosures are not required by law
  - d. The disclosure is regarding or pertains to a specific health care service which has been paid for by the consumer or their authorized representative, in full, prior to the procedure.

If you want to make this type of restriction you must request in writing, prior to the date of service, this restriction to the following address:

LifeSkills, Inc.  
Medical Records Custodian  
P.O. Box 6499  
Bowling Green, KY 42102-6499

**(45 CFR 164.522)**

4. You have the right to receive confidential communications of protected health information by alternative means or locations. You can also request that we communicate your health information electronically, as long as the request is reasonable. LifeSkills must accommodate what is determined by industry standard as a reasonable request.

**(45 CFR 164.522(b))**

5. You have the right to receive an accounting of disclosures of your health information. You have the right to request a list of disclosures of your health information that we have made in compliance with federal and state law. Lifeskills has 60 days with which to comply with your request from receipt of request unless you agree to a 30 day extension. LifeSkills, Inc. may not charge for the accounting of disclosures unless you request it more than once per year. To request an accounting of disclosures you must submit the request in writing to:

Medical Records Custodian  
P.O. Box 6499  
Bowling Green, KY 42102-6499

**(45 CFR 164.528)**

6. You have the right to a paper version of this notice of Privacy Practices, even if you earlier agreed to receive this notice electronically. You may request a paper version of this notice at any LifeSkills, Inc. service location or our corporate office at:

Medical Records Custodian  
P.O. Box 6499  
Bowling Green, KY 42102-6499

(45 CFR 164.520)

7. You have the right to be notified of a breach of your protected health information. LifeSkills is required by law to maintain the privacy of protected health records generated and maintained by LifeSkills, Inc. As such, LifeSkills, Inc. is obligated to notify you following a breach of unsecured protected health information.

(ARRA – Title XIII Section 13402)(45 CFR Sections 160 and 164)

8. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

(45 CFR 164.508)

## **OUR RESPONSIBILITIES**

LifeSkills, Inc. is required to do the following:

1. Maintain the privacy of your health information.
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice
4. Notify you if we are unable to abide by a requested restriction.
5. Accommodate reasonable requests you may have regarding the communication of your health information.
6. Get your written express written authorization to disclose information for the purposes other than treatment, payment or health care operations.

We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. You may request an updated copy of these information use policies at any time. Current copies of this privacy notice will always be posted conspicuously in all or our service locations.

We will not use or disclose your protected health information without your authorization except as described in this notice or as otherwise allowable or required by law.

**(Notice of Privacy Practices)**  
**(LS-NPP-ALL\_09262013)**