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NOTICE OF PRIVACY PRACTICE

EFFECTIVE DATE OF THIS NOTICE: This notice will go into effect: immediately after signing this document.

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. Life in Bloom Counseling’s PLEDGE REGARDING HEALTH INFORMATION: Life in Bloom Counseling understands that health information about you and your health care is personal. Life in Bloom Counseling is committed to protecting health information about you. Life in Bloom Counseling creates a record of the care and services you receive from us. Life in Bloom Counseling needs 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 mental health care practice. This notice will tell you about the ways in which Life in Bloom Counseling may use and disclose health information about you. Life in Bloom Counseling also describes your rights to the health information Life in Bloom Counseling keeps about you, and describes certain obligations Life in Bloom Counseling has regarding the use and disclosure of your health information. Life in Bloom Counseling is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Life in Bloom Counseling can change the terms of this Notice, and such changes will apply to all information Life in Bloom Counseling has about you. The new Notice will be available upon request and on the website.

II. HOW Life in Bloom Counseling MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that Life in Bloom Counseling uses and discloses health information. For each category of uses or disclosures Life in Bloom Counseling will explain what Life in Bloom Counseling means and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways Life in Bloom Counseling is 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. Life in Bloom Counseling may also disclose your protected health information for the treatment planning or interventions of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

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

Lawsuits and Disputes: If you are involved in a lawsuit, Life in Bloom Counseling may disclose health information in response to a court or administrative order. Life in Bloom Counseling 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. Life in Bloom Counseling will 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 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 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, Life in Bloom Counseling will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. In accordance with HIPAA, Life in Bloom Counseling will not sell your PHI.

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

Subject to certain limitations of the law, Life in Bloom Counseling 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/safety concerns, 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 and administrative proceedings, including responding to a court or administrative order.
5. For law enforcement purposes, including reporting crimes occurring on Life in Bloom 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 counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Life in Bloom Counseling may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Life in Bloom Counseling may use and disclose your PHI. Life in Bloom Counseling may contact you to remind you that you have an appointment with us. Life in Bloom Counseling may also use and disclose your PHI to inform you about treatment alternatives, or other health care services or benefits that Life in Bloom Counseling offers.

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

1. Disclosures to family, friends, or others. Life in Bloom Counseling 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 Life in Bloom not to use or disclose certain PHI for treatment, payment, or health care operation purposes. Life in Bloom Counseling is not required to agree to your request, and Life in Bloom Counseling may say "no" if Life in Bloom Counseling believes 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 of the PHI. Life in Bloom Counseling 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 Life in Bloom Counseling Sends PHI. You have the right to request ways to be contacted (for example, house or office phone) or to send mail to a different address, and Life in Bloom Counseling 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 Life in Bloom Counseling has concerning your PHI. Life in Bloom Counseling will provide you with a copy of your records, or a summary of it, once an agreement is signed. It may take up to 30 days to process a request once an agreement is signed and the fee paid in full.
5. The Right to Get a List of the Disclosures Life in Bloom Counseling Has Made. You have the right to request a list of instances in which Life in Bloom Counseling has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. Life in Bloom Counseling will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Life in Bloom Counseling will give you will include disclosures made in the last six years unless you request a specific time frame. Life in Bloom Counseling will provide the list to you at no charge, but if you make more than one request in the same year, Life in Bloom Counseling 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 Life in Bloom Counseling correct the existing information or add the missing information. Life in Bloom Counseling may say “no” to your request, but Life in Bloom Counseling 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 to 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.

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 SIGNING BELOW Life in Bloom Counseling is AGREEING THAT Life in Bloom Counseling HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed name of person completing this form: _____

Relationship to patient: _____

Signature _____ Date _____