

**NOTICE OF PRIVACY PRACTICES AND AUTHORIZATION
TO DISCLOSE HEALTH INFORMATION**



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of This Notice: 8-29-2023

In Summary, This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

In the course of receiving services from Live Love Life, Inc. we will be provided with health information about you. We have a duty under the law to maintain the privacy of this information, and to inform you of our legal obligations. This notice may change from time to time, and we will inform you of any changes. We will abide by this Notice or the most recent Notice Live Love Life, Inc. will use this information, and/or disclose it to other people, for the following purposes:

- **To Provide Medical Treatment To You.** We will use this information to provide the very best medical treatment we can. We will consult with doctors, nurses, and other medical professionals when necessary to assure that the right services are being provided to you.
- **To Assist Others In Providing Medical Services To You.** We will disclose this information to other medical professionals who are treating you or helping in your treatment, such as laboratory testers, pharmacists, specialists, etc.
- **To Obtain And Secure Payment For Our Services.** We will disclose this information to people, such as insurance companies, Medicaid, Medicare, etc., in order to receive compensation for the services we provide. We may also disclose this information to billing services or other groups that facilitate payment.
- **To Assess And Improve Our Services.** We will use health information in order to evaluate the services we provide, the way we provide them, and the people who provide them. This is done in order to constantly improve the services we provide.
- **Disclosures Required By Law.** Under certain circumstances, state and federal laws require that all holders of health information, not just us, disclose health information to government authorities including courts and public health agencies that monitor health. We will, of course, disclose only that information that is required by law to be disclosed.
- **Disclosures Benefiting Research.** We are engaged in ongoing research into the causes and cures of various medical conditions, and to this end, we operate a Research Department. In order to assist this goal, we may disclose health information to the members of the research department. This information will, of course remain confidential within the Research Department.
- **Psychotherapy Notes.** We will not use or disclose your medical information with respect to Psychotherapy Notes without your written authorization, except for carrying out treatment, payment or health care operations by your mental health practitioner, to use in our own training programs, or to defend ourselves in a legal action by you.
- **Information About Health Services.** We may contact you to remind you about appointments, and to inform you about services, such as pharmacy or other health services that we believe may be beneficial to your health and well-being.

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- **Fund Raising.** We are a non-profit corporation, which provides services to people in the United States regardless of ability to pay. We may contact you to ask you for support of our non-profit endeavors. You may decline to receive fundraising communications by notifying the Live Love Life, Inc. Compliance Department in writing. The address 1700 Ridgewood Ave, Suite I, Holly Hill, FL 32117.
- **Marketing Activities.** We will not use or disclose medical information about you for third-party marketing purposes without your written authorization.
- **Sale of Medical Information.** We will not sell medical information about you without your written authorization.

YOUR RIGHTS REGARDING THE INFORMATION ON THE PREVIOUS PAGE:

- WE WILL USE OR DISCLOSE ONLY THE MINIMUM NECESSARY HEALTH INFORMATION IN ORDER TO MEET THE PURPOSES AND REQUIREMENTS ON THE PREVIOUS PAGE.
- You may request that restrictions be placed on the above uses of medical information, or you may revoke this authorization. However, we do not have to agree to the restriction if we feel that such uses are necessary in order to provide you with the best possible services, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full.
- You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.
- You may request that health information be disclosed to you in certain ways, such as a specific mailing address. We will try our best to reasonably accommodate these requests.
- You may request to be provided with access to and copies of certain of the health information about you that we maintain.
- If you believe that health information is inaccurate or incomplete, you may request that the medical information be amended.
- You may ask for a record of the disclosures made by us of your health information.
- You may ask for a copy of this Notice.

If you have any questions or complaints about this Notice or about your health information, please contact our Compliance Department at 888-791-5929. You may also contact the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for asking questions or making a complaint.

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The effective date of this Notice is _____ , and lasts for as long as you are a client of Live Love Life, Inc.

ACCEPTANCE: I certify that I have read, understand, and agree to the terms of this Notice, and authorize the release of the above information

Dated: _____ By: _____

Print Name

If client declines to sign, Staff sign here: _____