

Empowering Light, LLC
1844 E. Ridge Pike, Suite 108-1040
Royersford, PA 19468

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW ACCESS IS OBTAINED. PLEASE REVIEW IT CAREFULLY AS YOUR HEALTH INFORMATION IS IMPORTANT TO US.

I. PLEDGE REGARDING HEALTH INFORMATION: Empowering Light understands that health information about you and your health care is personal. Empowering Light is committed to protecting health information about you. Empowering Light creates a record of the care and services you receive. This record is needed 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 Empowering Light. This notice will tell you about the ways in which the health information is used and disclosed about you. It also describes your rights to the health information kept about you, and describes certain obligations Empowering Light has regarding the use and disclosure of your health information. Empowering Light is required by law to:

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

II. HOW PROTECTED HEALTH INFORMATION IS USED AND DISCLOSED: The following categories describe ways health information is used and disclosed. All ways Empowering Light is permitted to use and disclose information will fall within one of the categories and examples will be provided.

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. Empowering Light may also disclose your protected health information for the treatment activities of any health care provider including clinical supervision, quality assessment and improvement activities, reviewing the quality and competence of treatment provided, accreditations, certifications, or licensing and credentialing activities. 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. Healthcare operations also include

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, among other things, the coordination and management of health care providers with a third party, consultations

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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, Empowering Light may disclose health information in response to a court or administrative order. The agency may also disclose health information about you or 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. Empowering Light does 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 use in treatment.
- 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 use in defending Empowering Light and staff in legal proceedings instituted by you or about 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. Empowering Light will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. Empowering Light will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Empowering Light 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 activities, including reporting suspected child (under the age of 18), 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.

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4. For judicial and administrative proceedings, including responding to a court or administrative order, although preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on 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 lawful intelligence or counter- intelligence operations; other national security activities; military authorities with health information of armed forces personnel records under certain circumstances; or, helping to ensure the safety of those working within or housed in correctional institutions regarding correctional institution and law enforcement officials.
9. For workers' compensation purposes. Although preference is to obtain an Authorization from you, information may be provided regarding your PHI to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services via phone, voicemail, text, or email. Empowering Light may use and disclose your PHI to contact you to remind you that you have an appointment. Empowering Light may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered.

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

1. Disclosures to family, friends, or others. Empowering Light 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 Empowering Light not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Empowering Light is not required to agree to your request, and may say "no" if it is believed to affect your health care.

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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 if the PHI 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 PHI is sent to you.** You have the right to request specific ways to be contacted (for example, home or office phone) or to send mail to a different address. All reasonable requests will be accommodated.
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 Empowering Light has in your record. Empowering Light will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures Made.** You have the right to request a list of instances in which your PHI was disclosed for purposes other than treatment, payment, or health care operations, or for which you provided Empowering Light with an Authorization. Empowering Light will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided will include disclosures made in the last six years unless you request a shorter time. The list will be provided to you at no charge, but if more than one request is made in the same year, you will be charged 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 corrections or add the missing information. Empowering Light may say “no” to your request, but a written reason will be provided 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 or emailed copy of this Notice. Even if you agreed to receive this Notice via e-mail, you still have the right to request a paper copy of it.

VI. 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. Your signature confirms you read, understand, and agree to the terms.