

# MIND MAKEOVER THERAPY L.L.C.

## HIPAA NOTICE OF PRIVACY PRACTICES

**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.** The terms of this Notice of Privacy Practices ("Notice") apply to Mind Makeover Therapy, its affiliates, and its employees: Brandie Sanders, LMSW. Mind Makeover Therapy will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. No personal information is submitted to insurance carriers. We are required by law to maintain the privacy of our patient's protected health information and to provide patients with notice of our legal duties and privacy practices concerning protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Mind Makeover Therapy LLC. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices or information about a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:**

**Authorization and Consent:** Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment, or healthcare operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining payment for services.

**Uses and Disclosures for Treatment and Payment:** We will make uses and disclosures of your protected health information as necessary for your treatment and to determine the appropriate fee for services. You will be notified of the fee at the time of your request. You have the right to a good-faith estimate fee for services. We may also use your information to prepare a bill to send to you or the person responsible for your payment.

**Individuals Involved In Your Care:** We may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts for that entity to locate a family member or other persons who may be involved in some aspect of caring for you.

**Appointments and Services:** We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, we'll be able to accommodate reasonable requests if you wish appointment reminders to not be left on voice mail or sent to a particular address. With such a request, **you will need to provide an appropriate alternative address or method of contact.**

**Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following: • Any purpose required by law; • Public health activities such as required reporting of immunizations, disease, injury, birth, and death, or in connection with public health investigations; • If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence; • To your employer when we have provided health care to you at the request of your employer; • To a government oversight agency conducting audits, investigations, civil or criminal proceedings; • Court or administrative ordered subpoena or discovery request; • To law enforcement officials as required by law if we believe you have been the victim of To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**DISCLOSURES REQUIRING AUTHORIZATION:** Psychotherapy Notes: We must obtain your specific written authorization before disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment, or healthcare operations (e.g., use for your treatment, for our training, and to defend ourselves in a legal action or other proceeding brought by you), (2) to the Secretary of the Department of Health and Human Services to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by state law, or (6) to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. • Any other exceptions allowed by the Department of Health and Human Services.

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## HIPAA NOTICE OF RIGHTS

**RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:** Access to Your Protected Health Information: You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Access requests must be made in writing and signed by you or your legal representative. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information.

**Amendments to Your Protected Health Information:** You have the right to request in writing that the protected health information that we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration. All amendment requests must be in writing, signed by you or a legal representative, and must state the reasons for the amendment/correction request.

**Accounting for Disclosures of Your Protected Health Information:** Right to Notice of Breach: We take very seriously the confidentiality of our patient's information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Paper Copy of this Notice: You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please submit a request to the Privacy Officer at the address below.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

Office for Civil Rights  
Lansing Office  
Capitol Tower Building  
110 W. Michigan Ave., Suite 800  
Lansing, Michigan, 48933  
MDCRInfo@michigan.gov  
Fax: 517-241-0546  
Phone: 517-335-3165