



## **Privacy Policy**

This Privacy Policy is prepared by Life Resources ("we") are committed to protecting and preserving the privacy of our visitors when visiting our site or communicating electronically with us. We, as a practice, follow the rules and regulations of HIPAA.

This policy sets out how we process any personal data we collect from you or that you provide to us through our website and social media sites. We confirm that we will keep your information secure and comply fully with all applicable USA Data Protection legislation and regulations. Please read the following carefully to understand what happens to personal data that you choose to provide to us, or that we collect from you when you visit our sites. By submitting information, you are accepting and consenting to the practices described in this policy.

### **Types of information we may collect from you:**

We may collect, store, and use the following kinds of personal information about individuals who visit our website and social media sites:

**Information you supply to us.** You may supply us with information about you filling in forms on our website or social media. This includes the information you provide when you submit a contact/inquiry form. The information you give us may include but is not limited to, your name, address, e-mail address, and phone number.

### **How we use the information we collect**

We use the information in the following ways:

**Information you supply to us.** We will use this information:

- To contact you about our services
- To add you to our email list

### **Disclosure of your information**

Any information you provide to us will either be emailed directly to us or may be stored on a secure server.

We do not rent, sell, or share information about you with other people or non-affiliated companies.

We will make reasonable efforts to ensure your data is not disclosed to other organizations.

# HIPAA Notice of Privacy Practices

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.

Privacy is a very important concern for everyone who comes to this office and who works here. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, our Compliance Officer, Mikayla Gibson, will be happy to help you understand our procedures and your rights. She can be reached at:

Mikayla Gibson

Phone: 843-884-3888

Email: [mgibson@myliferesources.org](mailto:mgibson@myliferesources.org)

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### A. Introduction: To our clients

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we disclose (share) it with other healthcare professionals and organizations, and how you can see it. We want you to know all this so you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our Compliance Officer for answers or explanations.

### B. What we mean by your medical information

Each time you visit us or any doctor's office, hospital, clinic, or other healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, the tests or treatment you got from us or from others, or about payment for health care. All this information is called "protected health information" (PHI), which means its privacy must be protected. This information goes into your medical or health care records in our office.

In this office, your PHI is likely to include this kind of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best

help you. - Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.

- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your healthcare records.

We use PHI for many purposes. For example, we may use it here:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us. When we do this, we will ask for your consent. Almost always, we will also ask you to sign a release-of-information form, which will explain what information is to be shared and why. - For teaching and training other healthcare professionals or for medical or psychological research. If we do this, your name will never be shown, and there will be no way your identity will be revealed. Before we do this, we will ask for your consent and ask you to sign an authorization, so that you will know what information will be shared and why.
- To show that you actually received services from us, which we billed to you or your health insurance company. - For public health officials trying to improve health care in this area of the country.
- To improve how we do our work by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have access to, when, and why.

## **C. Privacy and the laws about privacy**

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the HIPAA Omnibus Final Rule of 2013. HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices.

This form is not legal advice. It is just to educate you about your rights and our procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new Notice of Privacy Practices in our office, where everyone can see. You or anyone else can also get a copy from our Compliance Officer at any time. It is also posted on our website, [www.myliferesources.org](http://www.myliferesources.org). We will follow the rules in this notice.

## **D. How your protected health information (PHI) can be used and shared**

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for others to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So,

now we will tell you more about what we do with your information.

We will primarily use and disclose (share) your PHI for routine purposes to provide for your care. We will explain more about these below. For other uses, we must tell you about them and ask you to sign a written Release-of-Information form. However, the HIPAA law also says that there are some uses and disclosures that do not need your consent or authorization, which we will explain below in Section 3. In most cases, we will explain your PHI and who it will go to, asking for your permission to release it by signing a release form.

## **1. Uses and disclosures with your consent**

We need information about you and your condition to care for you. In almost all cases, we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment of services, or some other business functions called "health care operations." You have to agree to let us use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, we will ask you to sign a consent form before we begin to treat you. If you do not consent to this, we will not treat you because of the potential risk of not being able to help you if we do not have or cannot use your PHI.

**1a. The basic uses and disclosures: For treatment, payment, and healthcare operations.** Here we will tell you more about how your information will be used for these purposes.

**FOR TREATMENT:** We use your information to provide you with mental health treatments or services. These might include individual, family, marriage, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

We may share your PHI with others at Life Resources who provide treatment to you or who are involved in your care here. An example of someone at Life Resources who may be involved in your care and would need access to your PHI would be any administrative staff we employ. Additionally, if you are being treated by a team, we can share some of your PHI with the team members, so that these providers can work together to manage your care. The other professionals treating you will also enter their findings, the actions they took, and their treatment plans into your medical record, allowing the whole team to decide what treatments work best for you and your progress.

If we want to share your PHI with any other professionals outside of Life Resources, we will need your permission on a signed Release-of-Information form. For example, we may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. Later, we will get back their findings and opinions, which will be added to your records at Life Resources. If you receive treatment in the future from other professionals, we can also share your PHI with them. We can do this only when you give your permission by signing a Release-of-Information form. This is to ensure that you know what information is being shared and with whom. These are some examples to understand how we might use and disclose your PHI for treatment.

**FOR PAYMENT:** We may use your information to bill you, your insurance, or others, so that we can

be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnosis, what treatments you have received, and the changes we expect to see as a result of your treatment. We will need to tell them about when we met, your progress, and other similar information. Insurers may also look into a few of our patient records to evaluate the completeness and adequacy of our record-keeping.

FOR HEALTHCARE OPERATIONS: There are some uses of PHI that go beyond providing you care and facilitating payment for services. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so that they can study disorders, treatment approaches, and make plans for services that are needed. If we do, your name and all personal information will be removed from what we send.

### **1b. Other uses and disclosures in health care**

APPOINTMENT REMINDERS: We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or if you prefer some other way of communication, please notify your therapist or the front office to arrange the desired communication method.

TREATMENT ALTERNATIVES: We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

OTHER BENEFITS AND SERVICES: We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

RESEARCH: We may use or share your PHI to do research to improve treatments--for example, comparing two treatments for the same disorder to see which method works best. In all cases, your name, address, and other personal information will be removed from the information provided to researchers. We will discuss this with you, and we will not use your PHI unless you give your consent on an authorization form. If the researchers need to know who you are, we will discuss the research project with you and will not send any information unless you sign a special Release-of-Information form.

BUSINESS ASSOCIATES: We hire other businesses to do some jobs for us. Legally, they are called our "business associates." An example of a business associate we work with is Therapy Appointment, the electronic record-keeping system we employ. Business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with us to safeguard your information just as we do.

## **2. Uses and disclosures that require your consent**

If we want to use your information for any purposes besides those described above, we need your permission on a Release-of-Information form. If you do allow us to use or disclose your PHI, but then change your mind, you can cancel that permission in writing at any time. We will then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already used or disclosed to anyone with your permission.

All therapists at Life Resources are licensed by their respective licensing boards in the state of

South Carolina. These licensing boards have more strict regulations regarding the protection of your protected health information and, as such, our therapists maintain your privacy more carefully than is required by HIPAA. While the HIPAA rules and standards are described below, please note that because we abide by the higher standards set forth by our respective licensing boards, we will almost always talk to you first if we think sharing your PHI could be helpful. In the event that we do share your PHI, we will ask you to sign a Release-of-Information form so that you are fully informed about what information we would like to share and why we think it would be beneficial.

### **3. Uses and disclosures that do not require your consent or authorization**

In some circumstances, the HIPAA laws let us use and disclose some of your PHI without getting your consent or authorization. Below are some examples of when we might do this. In most circumstances stated below, we will make reasonable efforts to inform you about the release of your information.

#### **3a. When required by law**

There are some federal, state, or local laws that require us to disclose your PHI:

- We have to report suspected abuse or neglect of children, elderly adults, and dependent adults (an adult with some condition that leaves the person unable to care for self) to a state agency. =
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after telling you about the request and will suggest that you talk to your lawyer.
- We have to disclose some information to the government agencies that check to see that we are obeying the privacy laws, and to organizations that review our work for quality and efficiency.

#### **3b. For law enforcement purposes**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or a criminal.

#### **3c. For public health activities**

We may disclose some of your PHI to agencies that investigate diseases or injuries.

#### **3d. For matters relating to deceased persons**

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

#### **3e. For specific government functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

#### **3f. To prevent a serious threat to health or safety**

If we believe that there is a serious threat to your health or safety, or to that of another person or the public, we can disclose some of your PHI. We will only do this to those people who can

prevent the danger.

If it is an emergency and we are unable to get your agreement, we can disclose information if we believe that it is what you would have wanted and if we believe it will help you. When we do share information in an emergency, we will tell you as soon as we can. If you do not approve, we will stop unless it is against the law.

#### **4. Uses and disclosures where you have an opportunity to object**

We can share some information about you and your family and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

#### **5. An accounting of the disclosures we have made**

When we disclose your PHI, we will keep a record of whom we sent it to, when we sent it, and what we sent. You have the right to get an accounting of these disclosures. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It also excludes disclosures we may have made to you, family members, or friends involved in your care; for notification purposes; for disclosures which you have signed an authorization, and certain other disclosures. You have the right to receive specific information regarding these disclosures that occurred during the six years before the date of your request. If you do not specify a shorter time frame, you will receive an accounting of all disclosures made during those six years. The right to receive this information is subject to certain exceptions, restrictions, and limitations. We may charge you a reasonable fee if you request more than one accounting in any twelve months. If the records were sent as electronic medical records, we will always record that, and there will be no charge for an accounting.

### **E. Your rights about your protected health information**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, rather than at work, to schedule or cancel an appointment. We will try our best to do as you ask, and we do not need an explanation. Sending your information in emails has some risk in that these emails could be read by someone else. We can message you through our HIPAA-compliant messaging portal, Therapy Appointment, or you may accept the risk of using emails for simple messages like changing appointments. We ask that you be thoughtful before you put any information in an email, and not use email for anything you want kept private. By signing this form, you agree to this use of email. Please note that anything you send us electronically becomes a part of your legal record, even if we do not place it in the chart. Be mindful of this, and please do not forward us emails from third parties or others in your life. It is better to print those out and bring them to sessions for discussion.

2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. You can ask us face to face, and we may then ask for your written permission. We do not have to agree to your request. If we do agree, we will honor it unless it is against the law, when there is an emergency, or when the information is

necessary to treat you.

3. You have the right to prevent our sharing of your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid us directly ("out of pocket") for the treatment or other services and are not asking the insurer to pay for those services unless we are under contract with your insurer (on their panel of providers).

4. You have the right to look at the PHI we have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.

5. You can get a copy of these records, but we may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask for an electronic copy of your PHI. Contact our Compliance Officer to arrange how to see your records. **GENERALLY, WE DO NOT RECOMMEND THAT YOU GET A COPY OF YOUR RECORDS, BECAUSE THE COPY MIGHT BE SEEN BY OTHERS AND USUALLY CONTAINS MORE INFORMATION THAN IS REQUIRED TO ACCOMPLISH THE PURPOSES FOR WHICH THE RECORDS WERE REQUESTED.** We desire to help all our clients protect their privacy, especially in reference to their mental health records. We will be happy to review the records with you in person, to provide a treatment summary to you, or to work out an alternative method for achieving the purposes surrounding your desire for your records.

6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records or to include your own written statements to correct the situation. You have to make this request in writing and send it to our Compliance Officer. Additionally, please note that we cannot change your records, meaning we cannot delete or change anything that is already in your records. What we can do is amend your records by adding the information you desire to add in order to explain, clarify, or correct some portion of the information that is already in your records.

7. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area. You can always obtain a copy from the Compliance Officer.

8. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact our Compliance Officer. We will do our best to resolve any problems.

If you are unsatisfied with the manner in which we handle your complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services. For the quickest processing of your complaint, please submit your complaint electronically through OCR Complaint Portal (<https://ocrportal.hhs.gov/>; link active as of 04/22/2025). You can also submit your complaint in writing to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.

Washington, D. C. 20201

Please see the U.S. Department of Health and Human Services website for more information on how to levy your complaint.

9. We will not in any way limit your care here or take any actions against you if you leave a complaint or request amendments to your records.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

## **F. If you have any questions or problems**

If you have any questions or problems regarding our health information privacy policies, please contact our Compliance Officer:

Mikayla Gibson

Phone: 843-884-3888

Email: [mgibson@myliferesources.org](mailto:mgibson@myliferesources.org)

**The effective date of this notice: This notice was effective April 22nd, 2025**