

**LIFE INTEGRATION THERAPIES, PC., INC.**  
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## **PRIVACY NOTICE**

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.

1. MY COMMITMENT TO YOU:

Your health information, which is any written or oral information that we create or receive that describes your health condition, treatment or payments, is personal. Therefore I am bound by law to keep information about you private. I am required to give information about how your “protected health information” (PHI) will be used and how you can exercise certain individual rights related to your PHI as a client in this practice. Your PHI concerns mental health and/or drug or alcohol treatment and/or services. We will not be permitted to disclose your PHI to a third party, in most cases, without your prior written authorization or an order from a court of competent jurisdiction.

2. HOW YOUR PHI WILL BE USED AND DISCLOSED:

**FOR TREATMENT:** We may disclose your PHI to physicians, psychiatrists, psychologists, other licensed health care providers who provide you with health care services or those who are involved in your care. Your PHI may be disclosed to those consulting with us who may also be treating you or consulting with us regarding your care.

**TO OBTAIN PAYMENT:** We may also use and disclose your PHI, as needed, to obtain payment for services that we provide to you. This may include certain communications to your health insurer or health plan to confirm benefits or to confirm the necessity of a particular service, procedure or treatment

**TO PERFORM HEALTH CARE OPERATIONS:** To the extent permitted by law, we may also use or disclose your PHI, as needed, to carry on our day-to-day health care operations, and to provide quality care to all our patients, but only on a “need to know” basis. These health care operations may include audits, compliance reviews, issues related to licensing, credentialing, defending a legal or administrative claim, business management or other related administrative duties.

**TO CONTACT YOU:** To support our treatment, payment, health care operations, we may also contact you at home, by phone, mail, cell phone, or email, from time to time to remind you of an upcoming appointment, to notify you of a change of appointment, to ask that you call our office, and so on. **We ask that you notify us in writing if there is a limitation to how we contact you and where and to provide us with information where it is appropriate to contact you. We must have contact information.**

**TO BE IN CONTACT WITH YOUR FAMILY AND FRIENDS:** Additionally, we may also disclose certain of your PHI if authorized, to your family, named relatives, close personal friend, or any other person specified by you, from time to time, but only if the PHI is directly related to the person's involvement in your treatment or related payments, or to notify that person of your physical location or a sudden change of condition, while receiving treatment in our office.

**ACCORDING TO LAWS THAT REQUIRE OR PERMIT DISCLOSURE:** We may disclose your PHI when we are required or permitted to do so by any federal, state or local law, such as:

**When there are risks to public health:** For example, we may disclose your PHI to report disease, injury or disability or to notify appropriate persons regarding communicable disease concerns, etc.

**To report suspected abuse, neglect, domestic violence:** We may notify government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence, but only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To conduct health oversight activities:** We may disclose PHI to a health oversight agency for the purposes of an authorized audit, investigation or enforcement action or procedure, but will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

**When there are risks of harm:** We may notify law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public, or if you are a serious threat to yourself and we determine that you or others are in some kind of danger based on your current emotional condition.

**When there is an emergency situation:** Your consent is not required if you need emergency treatment provided I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, you are unconscious or in severe pain) but I think, based on what I know about you, that you would consent to such treatment if you could, I may disclose your PHI.