



Lighthouse of Hope & Healing, LLC

1026 Northeast Dr. Suite B
Jefferson City, MO 65109

Counseling Services

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 READ CAREFULLY.

As a person receiving services from Lighthouse of Hope & Healing, LLC, you have rights concerning the protected health information that is collected and used to provide these services.

Your health information contains personal information about you and your health and is referred to as Protected Health Information ("PHI"). This information contains details that can be used to identify you and any information we have created or received regarding your past, present, or future conditions. This Notice describes how we may use and disclose your PHI in accordance with applicable law.

We are legally required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice at any time. Any changes to this notice will be effective for all PHI we have at that time. The new Privacy Practices will be available upon request.

How We May Use And Disclose Your PHI

1. For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services.
2. For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you.
3. For Health Care Operation: We may use or disclose your PHI for our health care operations. This might include measuring quality of care, licenses and/or certifications to continue providing quality care.
4. Required by Law: We may disclose your PHI when required by law without your approval. Examples of when this may happen include abuse, neglect, domestic violence, emergencies, judicial or administrative proceeding, public safety risk, etc.

CONSUMER RIGHTS:

You must give your permission for certain people outside of the above named agency to see your health information.

- You may revoke this permission by filing a written form.
- When children are in the Children's Division custody, Children's Division staff & related contracted agencies have the same authority as parents with regard to disclosure of health information.

You can request to see or copy your health information.

- You may be denied access to certain parts of your health information.

- You may appeal to the above named agency's Privacy Officer if access to parts of your health information is denied.

You can request that changes be made in your health information.

- The request may be made to the above named agency's Privacy Officer.
- The request may be either granted OR denied.

You can request that certain parts of your health information not be shared with others.

- The request may be made to the above named agency's Privacy Officer.
- The request may be either granted OR denied.

The above named agency must let you know when the above named agency shares your health information with others. You may contact the above named agency's Privacy Officer at:

Lighthouse of Hope & Healing, LLC Privacy Officer, (address:) PO Box 105755, Jefferson City, MO 65110, (telephone:) 573-690-7919

EXCEPTIONS:

The above named agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information as set out in this notice.

The above named agency does NOT need authorization to share your health information with others:

- To make Child or Elder Abuse/neglect reports, and to respond to requests concerning child or elder abuse/neglect investigations
- When a Court Orders the above named agency to share your health information.
- To make your health information available to Judicial or Administrative proceedings under certain circumstances.
- If police need certain information from your health information available.
- To help keep someone else safe.

COMPLAINTS:

If you feel your rights have been violated, you have the right to file a complaint without retaliation. Please submit your complaint in writing to our Clinical Director at Lighthouse of Hope & Healing, LLC, PO Box 105755: Jefferson City, MO 65110 or fax: (573)636-7771.