



## NOTICE OF PRIVACY PRACTICES

Effective March 8, 2013

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### Our Pledge Regarding Your Personal Health Information

This notice explains how LiveLife Therapy Solutions Co ("LiveLife") uses and discloses your personal health information and the rights that you, as a consumer, have with respect to accessing that information and keeping it private. At LiveLife we are committed to protecting your privacy. Additionally, we are required by law to protect the privacy of your personal health information and to provide you with this notice. "Personal

We reserve the right to change our privacy practices and the terms of this notice at any time, and to have those changes be effective for all information that we have, including personal health information we created or received before the effective date of the new notice. Before

health information" means any individually identifiable information that is created or received by LiveLife. This includes demographic information, related to your physical or mental health or condition.

LiveLife must follow the privacy practices that are described in this notice, which takes effect on the date shown at the top of this form.

If we make a significant change in our privacy practices, we will revise this notice and make it available to consumers.

For more information, please contact us using the information listed at the end of this Notice.



## OUR USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories describe different ways that we use and disclose your personal health information.

**AT Consultation or training:** We may use your personal health information to provide you with AT consultation or AT training or related services. For example, our Independent Contractor's may share information about your medical condition with your referral source, county or tribal case manager for example. Under Minnesota law, except in an emergency, we are required to obtain your written consent to release your records for treatment purposes. LiveLife also provides many non-health care services; you will be asked to sign an authorization permitting LiveLife to use and disclose your personal health information as necessary to provide those services.

**Health Care Operations:** We may use and disclose personal health information about you for our health care operations, which are activities necessary to operate LiveLife and make sure that all of our clients receive quality care. For example, we may use and disclose your personal health information to conduct quality assessment and improvement activities, to engage in care coordination or case management, or to manage our business. We may also disclose your personal health information for the health care operations of another provider or health plan under limited circumstances. Under Minnesota law, we are required to obtain your written consent before disclosing your health records for these purposes.

**Family and Other Individuals Involved in Your Care:** We may disclose to your family members, friends, and persons you indicate are involved in your care, personal health information that is directly relevant to their involvement in your AT consultation or training but only if you have an opportunity to agree or object to that disclosure.

If you are not present, or if you are incapacitated or in an emergency, we may disclose relevant personal health information to these people the disclosure is in your best interest. This does not give these persons the right to obtain copies of your personal health information.

If we write a letter or medical necessity for an AT item we may need to gain permission to send a letter informing your primary physician that you were seen by LiveLife Therapy Solutions so they are aware. We would get your written permission before doing this step and we would only do it if it were required.

**Appointment Reminders:** We may use and disclose personal health information to contact you as a reminder that you have an appointment for treatment or services.

**Special Situations involving Public Health or Legal Requirements:** We may use and disclose personal health information:

- If required by law
- For disaster relief efforts
- To state or local health departments for public health activities such as communicable disease reporting



- To adult or child protection agencies or law enforcement to inform authorities of possible victim of abuse, neglect or domestic violence
- To agencies with authority to conduct government healthcare oversight activities involving LiveLife, including the Attorney General, the Minnesota Department of Health, the Minnesota Department of Human Services, the Minnesota Department of Economic Security, and others authorized to oversee our services
- For judicial or administrative proceedings, such as responding to a court order
- For law enforcement purposes
- For research studies that meet all state and federal privacy law requirements
- To avoid a serious threat to health or safety
- To medical examiners, funeral directors, or organ procurement

organizations, in regard to a deceased person

- For special government functions, such as disclosures to authorized federal officials for national security activities
- To case managers, if you participate in certain government programs and have been assigned a case manager through a government agency
- To your legal guardian, if you have one

**Uses and Disclosures You Specifically Authorize:** If you give us your written authorization, we may use and disclose your information as permitted by that authorization. You may revoke your authorization in writing at any time, except if we have already relied on it. Without your written authorization, we may not use or disclose your personal health information for any reason except those described in this notice.



## YOUR RIGHTS

**Access:** You have the right to look at or get copies of your personal health information, with limited exceptions. We may require you to make this request in writing. If you request copies, we may charge you a fee to cover the costs of copying, mailing and other supplies. We may deny your request in very limited circumstances. If we deny your request, you may be entitled to a review of that denial.

**Amendment:** If you feel that your personal health information is wrong or something is missing, you have the right to request that we amend it. We may require you to make this request in writing and provide a reason to support your request. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.

**Accounting of Disclosures:** You have the right to receive a list of disclosures we have made of your personal health information. This right does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. Your request for the accounting must be in writing. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.

**Restriction Requests:** You have the right to request that we place restrictions on our use or disclosure of your personal health information for treatment,

payment, health care operations. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for restrictions must be in writing signed by a person authorized by Courage Center to agree to such requests.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your personal health information by alternative means or to an alternative location. For example, you may ask that we contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Copy of this Notice:** You are entitled to receive a printed (paper) copy of this notice at any time.

**Right to Refuse:** You may refuse to give us information we request. However, without certain information, we may not be able to give you services or fulfill our legal duties or obligations.

**Others Acting on Your Behalf:** These rights may also be exercised by someone who has the legal right to act on your behalf.

**Making a Request:** You may make the requests described in this section through the LiveLife personnel providing you services, or by contacting the Privacy Officer at the address given at the end of this notice.



## **Questions and Complaints**

If you want more information about LiveLife's privacy practices, have questions or concerns, or believe that we may have violated your privacy rights, please contact us using the following information:

Contact Office: HIPAA Privacy Officer  
Address: LiveLife Therapy Solutions Co  
Sue Redepenning President  
8100 Penn Avenue South, Suite 137  
Bloomington, MN 55431  
Telephone: 612-968-0832

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of your medical information. LiveLife will not retaliate in any way if you choose to file a complaint.