

Summary of Notice of Privacy Practices For Health Information Portability and Accountability Act (HIPAA)

SUMMARY OF NOTICE OF PRIVACY PRACTICES FOR HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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Our Legal Duty: We have a duty to protect the confidentiality of information about you. We are required to provide you with a Notice of Privacy Practices explaining the ways we may use and disclose your information. The Notice also describes your legal rights and our obligation regarding the use and disclosure of your information. My Life in Session, LLC, will follow the Notice. It will be followed by any professionals and staff affiliated with My Life in Session, LLC.

How We May Use And Disclose Information About You: We may use or disclose identifiable information about you for many reasons, including but not limited to:

- ☰ Emergency Treatment
- ☰ Appointment Reminders
- ☰ Auditing
- ☰ National Security and Protective Services
- ☰ Worker's Compensation
- ☰ Lawsuits and Disputes
- ☰ Law Enforcement Purposes
- ☰ Managed Care Networks/Insurance
- ☰ Payment
- ☰ As Required by Law
- ☰ To Avert Serious Threat to Safety/Health

In general, other uses and disclosures of your information will require your written authorization. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for individuals involved in your care or payment.

Your Privacy Rights:

You have the following rights with respect to your information:

- ☰ The right to request confidential communication and alternative means of communication with you
- ☰ The right to request restrictions on certain uses of your information
- ☰ The right to inspect and copy certain information that we maintain about you
- ☰ The right to request an amendment of your information
- ☰ The right to an accounting of certain disclosure of your information

Changes To The Notice: We reserve the right to change the Notice. If it is changed, it will either be posted or given to you.

If You Have A Complaint: If you believe your rights have been violated, we encourage that you speak to us about your concerns. You may file a written complaint with the Secretary of the U.S. Department of Health and

Human Services.

Patient Acknowledgement

BY CLICKING ON THE CHECKBOX BELOW, I acknowledge that I have received a copy of the Notice of Privacy Practices for My Life in Session, LLC. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.