

## **LIFE CHOICES ONLINE**

### **PATIENT RIGHTS**

#### **NOTICE FORM**

This notice is to inform you of Life Choices Online, to be known as LCO, Policies and Practices to protect your health information.

LCO does not accept insurance at this time. Many clients do not wish other entities or other health care providers to have access to their protected health care information, known as PHI.

Disclosure of PHI is therefore very limited by LCO. With your approval, given by a signed authorization, information may be shared as follows:

- 1). Verification of psychopharmacological treatment if a mental health or addictive condition is present which would normally, under best practices, have medications prescribed as part of treatment.
- 2). If you request verification of treatment for personal reasons and this communication would then be sent directly to you after you have signed an authorization.
- 3). LCO may use or disclose PHI without your consent or authorization under the following conditions.
  - a). Child Abuse
  - b). Adult and Domestic Violence
  - c). Threats to harm self or others. If you express a serious plan to harm yourself or an identified person or group of people, and it is determined that you are likely to act on that threat, then reasonable measures must be taken to prevent harm. The measures may include notifying local authorities or, in the case of self harm, directly advising the potential victim or victims of possible harm.

For items one through three, sharing of PHI will only take place if there is reasonable cause, based on our professional judgement, that abuse is taking place or that the child, adult, or elderly adult, is in need of protective services. We are required by Pennsylvania Law to report Child Abuse to the Department of Public Welfare. If Elderly or Domestic Abuse is apparent, and they are in need of protective services, including abandonment, neglect, exploitation or any form of abuse for which we are required to report, we may report to appropriate protective services.

You have the right to revoke, or end, all such authorizations at any time but each revocation must be in writing. You may not revoke authorizations to the degree that LCO has relied on that authorization.

## **YOUR RIGHTS**

- 1). Right to request restrictions on uses and disclosures of PHI about you but LCO is not required to agree with your request.
- 2). Right to receive confidential communications by alternative means or at alternative locations. You may request to receive PHI communications but note that LCO does not make a practice of writing directly to patients. However, you may request PHI to be sent to an address other than the one on file in order to protect your privacy.
3. Right to inspect and copy PHI in billing or behavioral health for as long as this information is held on record. LCO may deny your access under specific circumstances. Under certain circumstances this decision may be reviewed. At your request, we will discuss with you the details of the request and the denial issued.
4. You have the right to request an amendment to PHI. Again, as discussed in item 3, the request may be denied and at your request we will discuss with you the details.
5. Right to an Accounting: If your PHI is used without consent or authorization by you, under circumstances already noted where there is

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duty to report, you have the right to an accounting of such action.  
6. Right to a paper copy: Even if you have requested information via internet or by other electronic means, you have a right to a paper copy.

### **RESPONSIBILITIES OF LCO**

1. Law requires LCO to maintain privacy of PHI and provide notice to you of legal duties and privacy practices in regard to PHI.
2. We have the right to change policies and procedures in this notice. Unless you are notified of changes we are required to abide by this notice.
3. If LCO changes policy you will be contacted as noted under the contact information and changes will be posted to the LCO website.

### **COMPLAINTS**

If you are concerned that your rights to privacy have been violated you may contact Patricia Mensch at 484-919-0960, or write the US Department of Health and Human Services.

NOTE: We request that you print a copy of this and of all forms on this website and save copies on your computer in a secure file. Please read all information carefully prior to signing.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_