

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 REVIEW IT CAREFULLY.

A Better You Counseling Services provides Mental Health Services. **A Better You Counseling Services** staff must collect information about you to provide these services. **A Better You Counseling Services'** knows that information we collect about you and your health is private. **A Better You Counseling Services** is required to protect this information by Federal and State Law. We call this information "protected health information" (PHI).

The Notice of Privacy Practices tells you how **A Better You Counseling Services** may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. **A Better You Counseling Services** is required to follow the terms of the notice currently in effect. However, **A Better You Counseling Services** may change its privacy practices and make that change effective for all PHI maintained by the agency.

How A Better You Counseling Services May Use and Disclose Information About You:

For Treatment: We may use or disclose information in health care providers who are involved in your health care. For example, information may be shared to create and carry out a service plan for your treatment.

For Payment: We may use or disclose information to get payment or to pay for the mental health care services you receive. For example, **A Better You Counseling Services** may provide PHI to bill your healthcare insurance for services provided to you.

For Health Care Operation: We may use or disclose information in order to manage our programs and activities. For example, we may use PHI to review quality of service you receive.

Appointment Reminders: We may use or disclose information to send you reminders or call to remind you about scheduled appointments for services.

Treatment Alternatives: We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment of Your Care: We may release information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care.



As Required by Law and for Law Enforcement: A Better You Counseling Services will use or disclose information when required or permitted by Federal or State Law or by a court order. If Federal or State Law creates higher standards or privacy, A Better You Counseling Services will follow the higher standard.

To Avert a Serious Threat to Health or Safety: We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks: We may disclose information about you for public health activities. These activities generally include: to prevent or control disease injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, inspections, licensures, and accreditation. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Other Uses and Disclosures Require Your Written Authorization

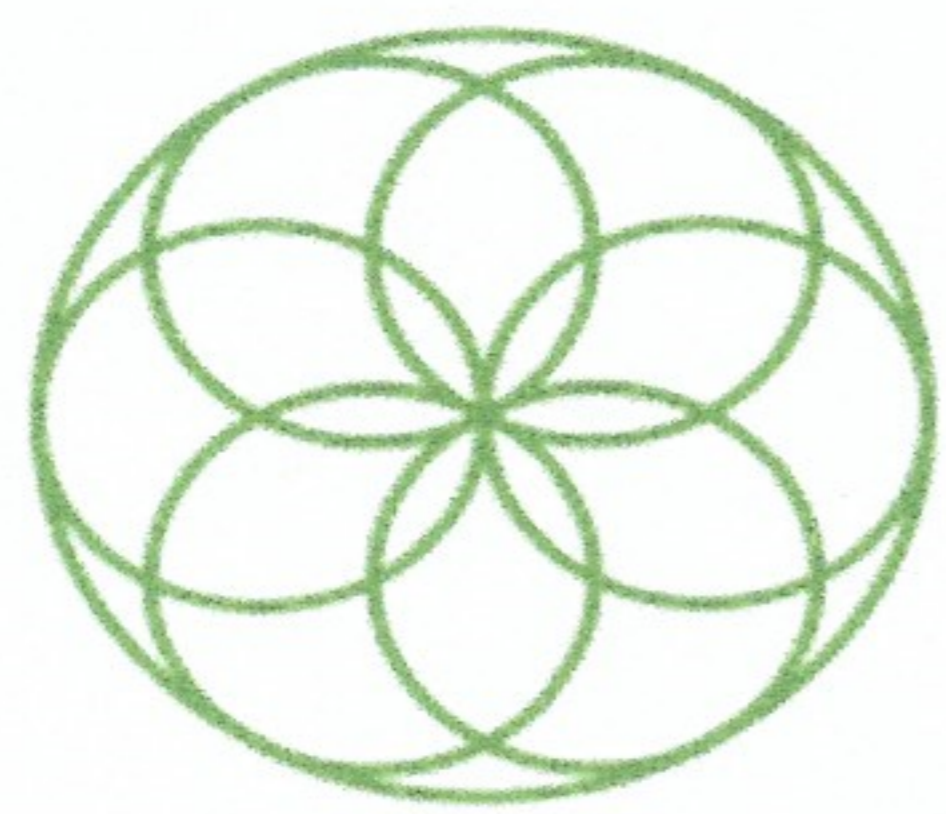
For other situations, we will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosures already made with your authorization.

Your Privacy Rights

Right to See and Get Copies of Your Records: In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. Usually, this includes billing and services provided, but do not include psychotherapy notes.

Rights to Request Correct, Amend, or Update Your Records: You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

Right to Get a List of Disclosures: You have the right to ask us for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.



Rights to Request Limits on Uses or Disclosures of PHI: You have the right to ask us to limit how your information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the limit. You can request in writing that the limit be terminated.

Right to Revoke Permission: If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Right to Choose How We Communicate with You: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you can ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

Rights to File a Complaint: You have the right to file a complaint with us at the address listed below and with the Secretary of the US Department of Health and Human Services if you do not agree about how we have used or disclosed information about you.

Right to Get a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice at any time.

Right to Receive Notice of Change to our Privacy Practices: You have a right to receive notice of changes in our privacy practices that affect you or after the effective date of change.

How to Contact A Better You Counseling Services to:

- **Review, Correct, or Limit Your Protected Health Information (PHI)**
Your request to look at, copy, or change your records may be denied. If we deny your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial.
- **File a Complaint or Report a Problem**
Your benefits will not be affected by any complaint you make. We cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Office contact is:

**A Better You Counseling Services, LLC
140 Belle Alliance Dr. Donaldsonville, La. 70346
225-717-5157**