

APPOINTMENT REMINDER

LSLC may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. LSLC will try to minimize the amount of information contained in the reminder. LSLC may also contact you by phone and, if you are not available, LSLC will leave a message for you.

TREATMENT ALTERNATIVES/BENEFITS

LSLC may, from time to time, contact you about treatment alternatives it offers, or other health benefits or services that may be of interest to you.

YOUR RIGHTS

You have the right to:

- Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to LSLC's Privacy Officer. Marketing revocations may be submitted to LSLC via telephone or email.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, LSLC is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to LSLC's Privacy Officer. In your written request, you must inform LSLC of what information you want to limit, whether you want to limit LSLC's use or disclosure, or both, and to whom you want the limits to apply. If LSLC agrees to your request, LSLC will comply with your request unless the information is needed in order to provide you with emergency treatment.

- Restrict disclosures to your health plan when you have paid out-of-pocket in full for health care items or services provided by LSLC.

- Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to LSLC's Privacy Officer. LSLC will accommodate all reasonable requests.

- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to LSLC's Privacy Officer. In certain situations that are defined by law, LSLC may deny your request, but you will have the right to have the denial reviewed. LSLC may charge you a fee (to cover costs incurred by LSLC to reproduce records) for the cost of copying, mailing or other supplies associated with your request.

- Amend your PHI as provided by law. To request an amendment, you must submit a written request to LSLC's Privacy Officer. You must provide a reason that supports your request. LSLC may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by LSLC (unless the originating individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by LSLC, if the

information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with denial by LSLC, you have the right to submit a written statement of disagreement.

- Receive an accounting of non-routine disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to LSLC's Privacy Officer. The request must state a time period which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as paper or electronic copy). The first list you request within a 12-month period will be free, but LSLC may charge you for the cost of providing additional lists in that same 12-month period. LSLC will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

- Receive a paper copy of the Notice of Privacy Practices from LSLC upon request.

- To file a complaint with LSLC, please contact LSLC's Privacy Officer. All complaints must be in writing. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.

- To obtain more information, or have your questions about your rights answered, please contact LSLC's Privacy Officer.

PRACTICE'S REQUIREMENTS

The health care office:

- Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices upon request.
- Is required to abide by the terms of this Notice of Privacy Practices.
- Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for your entire PHI that it maintains.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an Acknowledgment of receipt of this Notice.
- Will post this Notice of Privacy Practices in its lobby and on LSLC's web site, if LSLC maintains a Web site.
- Will inform you if there is a case of a breach of unsecured health information.



Privacy Notice to Patients

PLEASE REVIEW THIS NOTICE CAREFULLY. IT DESCRIBES HOW YOUR HEALTH CARE INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THAT INFORMATION.

Policy Statement

This is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from LSLC and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of Life Skills Learning Center, and for other purposes permitted or required by law. This notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

Life Skills Learning Center hereinafter referred to as LSLC, may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of LSLC. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

- Care – In order to provide care to you, LSLC will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and provide advice or treatment. For example, your physician may need to know how your condition is responding to the treatment provided by LSLC.

- Payment—In order to get paid for some or all of the health care provided by LSLC, LSLC may provide your PHI directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, LSLC may need to provide your health insurance carrier with information about health care services you received from LSLC so LSLC may be properly reimbursed.

- Health Care Operations -- In order for LSLC to operate in accordance with applicable law and insurance requirements and in order for LSLC to provide quality and efficient care, it may be necessary for LSLC to compile, use and/or disclose your PHI in order to evaluate the performance of LSLC's personnel in providing care to you. **Note:** Genetic information is protected by law and is not considered part of Health Care Operations.

- Fundraising— To the extent that LSLC engages in fundraising activities (i.e. appeals for money, help, or event sponsorships), certain types of PHI may be disclosed for these purposes, unless

you specifically 'opt out' of receiving notification. To 'opt out,' call or email LSLC to be excluded from fundraising campaigns.

AUTHORIZATION NOT REQUIRED

LSLC may use and/or disclose your PHI without a written Authorization from you, in the following instances:

1. **De-identified Information** -- Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
2. **Business Associate** -- To a business associate, who is someone LSLC contracts with to provide a service necessary for your treatment, payment for your treatment and/or health care operations (e.g., billing service or transcription service). LSLC will obtain satisfactory written assurance, in accordance with applicable law, that the business associate and their subcontractors will appropriately safeguard your PHI.
3. **Personal Representative** -- To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
4. **Public Health Activities** -- Such activities include, for example, information collected by a public health authority, as authorized by law to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
5. **Federal Drug Administration** -- If required by the Food and Drug Administration to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
6. **Abuse, Neglect or Domestic Violence** -- To a government authority, if LSLC is required by law to make such disclosure, it will do so if it believes the disclosure is necessary to prevent serious harm or if LSLC believes you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law which may also involve notice to you of the disclosure.
7. **Health Oversight Activities** -- Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
8. **Family and Friends** -- Unless expressly prohibited by you, LSLC may disclose PHI to a member of your family, a relative, a close friend or any other person you identify, as it directly relates to

that person's involvement in your health care. If you do not express an objection or are unable to object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment.

9. **Judicial and Administrative Processing** -- For example, LSLC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
10. **Law Enforcement Purposes** -- In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena or as required by law); (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of LSLC; and (6) a medical emergency (not on LSLC's premises) has occurred, and it appears that a crime has occurred.
11. **Coroner or Medical Examiner** -- LSLC may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
12. **Organ, Eye or Tissue Donation** -- If you are an organ donor, LSLC may disclose your PHI to the entity to whom you have agreed to donate your organs.
13. **Research** -- If LSLC is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of you PHI such as approval of the research by an institutional review board, the de-identification of your PHI before it is used, and the requirement that protocols must be followed. Individuals have the option to 'opt out' of certain types of research activities.
14. **Avert a Threat to Health or Safety** -- LSLC may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
15. **Specialized Government Functions** -- When the appropriate conditions apply, LSLC may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. LSLC may also disclose your PHI to authorized federal officials for conduction national security and intelligence activities including the provision of protective services to the President or others legally authorized.

16. **Inmates** -- LSLC may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or it is necessary for the health and safety of other individuals or inmates.

17. **Workers' Compensation** -- If you are involved in a Workers' Compensation claim, LSLC may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

18. **Disaster Relief Efforts** -- LSLC may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

19. **Marketing** -- Face to face communication directly with the patient, prescriptions that have already been prescribed, or promotional gifts of nominal value do not require authorization as long as LSLC receives no financial remuneration for making the communication. All other situations require separate authorization

20. **Required by Law** -- If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization. These authorizations may be revoked at any time; however, we cannot take back disclosures already made with your permission.

We also will NOT use or disclose your PHI for the following purposes, where applicable, without your express written Authorization:

- **Marketing** -- This does not include marketing communications described in item #19. LSLC will obtain prior authorization before disclosing PHI in connection with marketing activities in which financial remuneration is received.
- **Sales** -- LSLC may receive payment for sharing your information in specific situations (i.e., public health purposes or specific research projects -- see #12 above).
- **Specialty protected information** -- Certain types of information, such as psychotherapy notes, HIV status, substance abuse, mental health, and genetic testing information require their separate written authorization for the purposes of treatment, payment or healthcare operations.



ACKNOWLEDGEMENT
OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of MATT 25's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information with some exceptions:

The State of New Mexico requires that any and all social agencies and their personnel MUST report ANY INCIDENTS OR KNOWLEDGE OF SUSPECTED NEGLECT, PHYSICAL, OR SEXUAL ABUSE OF CHILDREN.

Personnel is bound by Section 1.17 DUTY TO WARN/REPORT policy (*LSLC MENTAL HEALTH POLICIES AND PROCEDURES*) which states:

3. Clients who present a risk of violence or harm to others:
 - 3.1 Employees/students/interns/volunteers have a duty to warn the intended potential victims of threatened violence.
 - 3.2 Employees should immediately report the threat to a Clinical Supervisor, Program Manager and/or Executive Director.
 - 3.3 The threat should be reported to the police when the intended victim cannot be reached or in situations of immediate danger. The police will determine the most appropriate next steps, including whether there are grounds to detain the client.

Client Signature

Date

LSLC Staff

Date