



Live! LLC
4004 Carlisle Blvd. Suite C-1
Albuquerque, NM 87107
Phone: 505 717-7227

NOTICE OF PRIVACY PRACTICES

This notice describes how personal medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

“Protected health information” means any individually identifiable health information that is created or received by a health care provider, health plan, insurance or others. Your “protected health information” relates to your past, present, or future physical or mental health or condition, health care provided to you or payment for that health care.

Live! therapists are mental health care providers, Licensed Independent Social Workers (LISW). All therapists are licensed by the New Mexico Social Work Practice Board. The treatment records created and maintained by us contain individually identifiable health information about you. This **Notice of Privacy Practices** concerns those records and the information contained in them.

The confidentiality of your personal “protected health information” is protected by federal privacy regulations. Ordinarily, whatever is shared remains confidential between the client/patient and the therapist. There are, however, some specific exceptions to that confidentiality.

Uses and Disclosures Without Your Written Consent

Portions of your personal “protected health information” may be disclosed without your written consent

- if a consult with another licensed health care provider is needed in order to help you get the services you need
 - if Live! LLC need to disclose parts of your personal “protected health information” to your insurance company or other third-party payer in order to receive payment,
 - if our records containing your personal “protected health information” are audited by your health plan provider/insurance company to make sure services meet quality standards.
- Portions of your personal “protected health information” may also be disclosed without your written consent
- if you need help in an emergency
 - if there is danger to yourself or others and disclosure is necessary to prevent harm,
 - if there is reason to suspect that a child, or a disabled adult is being abused or neglected
 - if a court of law orders the release of the information
 - if disclosure is compelled by a board, commission, administrative or oversight agency (the New Mexico Social Work Practice Board, for example) according to its lawful authority
 - if you are a minor, “protected health information” may be released to your parent or legal guardian when permitted or required by state or federal law

Other uses or disclosures may be made **with** your written consent. The written consent must specify which parts of the information are to be released, to whom, for what purpose and for what period of time. In general, uses or disclosures by me of your “protected health information” will be limited to the minimum necessary to accomplish the intended purpose.



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Your Rights Regarding Protected Health Information

You have the right:

- to request restrictions on certain uses or disclosures of your protected health information. we are not required to agree to your request based on the disclosure statement above.
- to ask us to contact you only in certain ways - for example, to only call you at home
- to look at and make copies of your “protected health information”
- to ask for changes to parts of your “protected health information”
- to be informed of any release of your “protected health information”
- to receive a copy of any authorization you might sign to release “protected health information”
- to obtain a paper copy of this **Notice of Privacy Practices** from me upon request.

Our Duties Regarding Privacy of Personal Health Information

We are required by law to maintain the privacy and confidentiality of your “personal health information”. We are required to abide by the terms of this notice. We are responsible for assuring that these privacy policies and procedures are followed by all past, present and future staff and/or agents of Live! LLC.

Any records and information about clients/patients are treated as confidential in our practice. They are released to no one without the written authorization of the patient/client, except as indicated in this notice. Client/patient records are kept secured and are not readily available to those who do not need them.

If you believe your privacy rights may have been violated, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. Complaints to the Secretary must be filed in writing and sent to the U.S. Department of Health and Human Services. You can locate the address on their website at <http://www.hhs.gov/ocr/hipaahealth.txt>.

If you have questions or need further information about this Notice or its contents, please let us know. We will do our best to answer your questions and to provide you with additional information.

By signing below, I acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES from Live! LLC, and/or my Live! therapist.

Client Name

Signature

Date