



This document can be found on our website at: www.basic-bliss.com

**BASIC BLISS LIFE COACHING AND COUNSELING
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.

Basic Bliss Life Coaching and Counseling is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Please also note that any release of protected health information must be in compliance with the federal Privacy Act (PL92-282), Federal Confidentiality rules (42 CFR, pt.2), the PA Mental Health Procedures Act and 4 PA Code Section 255.5 relative to the release of drug and alcohol treatment information. Your health information is also protected from further re-disclosure from those receiving it according to the rules and statues noted above.

Disclosure of Your Health Care Information

Treatment

With your written consent, we may disclose your health care information to other healthcare professionals such as primary care physicians, psychiatrists, psychologists and other specialists for the purpose of treatment, payment, or healthcare operations.

Payment

With your written consent, we may disclose your health information to your insurance provider for the purpose of payment or healthcare operations.

Workers' Compensation

With your written consent, we may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

With your written consent, we may disclose your health information in the course of any administrative or judicial proceedings. Only upon receipt of a verified good cause court order may we release protected health information. In cases of drug and alcohol treatment that information is limited to: attendance at the program, a brief description of your progress, your prognosis, the nature of our program, and whether there has been a relapse along with the frequency of relapse.

Law enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order subject to the limitations noted in the section above.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

With your written consent, we may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose certain non-identifying pieces of your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

With your consent, we may disclose your health information for military, national security, prisoner, and government benefits purposes.

Change of Ownership

In the event that Basic Bliss Life Coaching and Counseling is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to revoke any authorizations for release by verbal or written dated communication in our office.
- You have the right to have your health information received or communicated through an alternative method or send to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Basic Bliss Life Coaching and Counseling amend your protected health information. Please be advised, however, that Basic Bliss Life Coaching and Counseling is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and informed about how you and disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by Basic Bliss Life Coaching and Counseling.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Subject to State and Federal Law, Basic Bliss Life Coaching and Counseling reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Basic Bliss Life Coaching and Counseling is required by law to comply with this Notice.

Basic Bliss Life Coaching and Counseling is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Complaints

Complaints about your Privacy rights or how Basic Bliss Life Coaching and Counseling has handled your health information should be directed to Darlene M. Scott by calling this office at 484-248-1041. If Darlene M. Scott is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

This notice is effective 5/29/17

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Basic Bliss Life Coaching and Counseling

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Basic Bliss Life Coaching and Counseling "NOTICE OF PRIVACY PRACTICES"

An authorized representative of Basic Bliss Life Coaching and Counseling has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that Basic Bliss Life Coaching and Counseling has included a provision that it reserves the right to change the terms of its notice and to make the new provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practices".

I understand that this office may not be required to honor some changes to the "Notice of Privacy Practices."

Signature

Date

Printed Name

(Office use only)

Signed form received by: _____

Date: _____