

# **Balanced Life Counseling LLC**

950 W Monroe Street – Suite G100 /Jackson, MI 49202  
(517)962-5022 / Fax: (517)962-5195

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed, and how you can get access to this information.

### **PLEASE REVIEW CAREFULLY!**

Should you have any questions about this notice or need additional information, please contact Balanced Life Counseling at the above phone number.

### **OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION:**

We understand that the information about you and your mental health is personal. We are committed to protecting this information for everyone of our clients. We create a record, both paper and electronic, for our files. These records are used for billing purposes and also for Balanced Life Counseling to be in compliance with its legal requirements.

This notice applies to all records pertaining to your care generated by any insurance provider. This notice will tell you the ways in which we may use and disclose any mental health or medical information about you. We also provide you with a listing of your rights and certain obligations we have regarding the use and disclosure of mental health and/or medical information.

We are required by law to:

- Make sure the information that identifies you is kept private.
- Upon request, we are to give you this notice of legal duties and privacy practices with respect to your mental health and/or medical information.
- Follow the terms of this notice and the laws.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories are the different ways we may use and disclose your mental health and/or medical information:

- |   |   |
|---|---|
| ➤ For treatment and/or treatment alternatives | For payment/billing insurance companies |
| ➤ For health care operations                  | Appointment reminders                   |
| ➤ Business Associates                         | Health related benefits and services    |

As required by law, we will disclose information about you when required to do so by federal, state or local law. For example, we are mandated by the State of Michigan to submit certain types of information to the Department of Community Health.

- ✓ Right to an accounting of disclosures:  
You have the right to request a list of the disclosures that were made pertaining to you.

## ***Balanced Life Counseling LLC***

- ✓ Right to request restrictions:  
You may request limits on what we disclose. For example, you may ask us not to reveal certain information to your spouse that is in your file, (even after signing an authorization form). However, *we are not required to agree with your request.*
- ✓ Right to request confidential communications  
You have the right to request that we communicate with you in a certain way or at a certain location. For example: you can ask that we contact you only at work, home or by mail.
- ✓ Right to a paper copy of this notice:  
You have the right to a copy of this notice.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for mental health information we already have about you as well as any information we receive in the future. With any notice changes, we will redistribute the revised notice to all our consumers.

### **COMPLAINTS:**

Should you believe that your privacy rights have been violated, you may file a complaint with Balanced Life Counseling or with the Secretary of the Department of Health and Human Services. To file a complaint, contact us at (517)962-5022. All complaints must be submitted in writing. ***(Please note that you will not be penalized for filing a complaint and it will be held in strict confidence with the office manager for further review and investigation.***

### **OTHER USES OF MENTAL HEALTH/MEDICAL INFORMATION:**

Other uses and disclosures of information not covered by this notice, or the laws that apply to us, will be made only with your written permission. If you gave us permission to use or disclose information about you, you may revoke the permission in writing at any time. If you revoke your permission we can no longer use or disclose information about you for the reason covered by your written authorization. However, understand that we will be unable to take back any disclosures we have already made with your permission and that we are required by law to retain our records of the care we provided you.

## ***Balanced Life Counseling LLC***

### **PRIVACY NOTICE (HIPPA) – ACKNOWLEDGMENT**

I acknowledge that a copy of the **PRIVACY NOTICE** was made available to me at Balanced Life Counseling. The **PRIVACY NOTICE** is also posted in a clear and prominent location where I am able to read same. I know that I can request a copy of said notice to take with me if I so desire.

I understand that Balanced Life Counseling's therapists, and all other employees, are participating solely for the limited purpose of coordinating the protection of my privacy rights in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and the members of the clinical staff of Balanced Life Counseling who provide mental health services, by virtue of their participation in this arrangement.

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Consumer/Guardian Signature

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Date