



Lighthouse Counseling
Sand Play Training Center, LLC

Lighthouse Counseling & Sand Play Training Center, LLC
615 Hope Road, Bldg. 3A
Eatontown, NJ 07724
Ph: (732)380-1575 Fax: (732)380-1578

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.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

Pursuant to the Privacy Rules established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, We are legally required to protect the privacy of your health information. It includes information that can be used to identify you. We are required to provide you with this notice of our privacy practices. It explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies, We will promptly change this notice and provide you with an amended copy. You can also request a copy of this notice at any time.

Protected Health Information (PHI)

"PHI" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical or mental health; the provision of health care to you or your minor aged child; and your past, present or future payment for healthcare.

I. The Use and Disclosure of PHI in Treatment, Payment, and Health Care Operations

Your PHI may be used and disclosed by our practice in the course of providing treatment, obtaining payment for treatment and conducting healthcare operations. Any disclosures made in writing, electronically, by facsimile or orally. The practice may also use or disclose your PHI in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

***Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your healthcare and related services. We may consult with other healthcare providers such as hospitals, physicians, nurses and other healthcare personnel regarding your treatment and coordinate and manage your healthcare with others. However, as a safeguard, you will be asked to complete a Authorization to Release Medical Information Form whenever possible, prior to any disclosure.

***Disclosure:** We may use or disclose your PHI with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services that have been provided to you. This disclosure involves business office staff and may include insurance organizations or other business that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions if you are incapacitated, we will use professional judgment to disclose only that information directly relevant to you.

Required by Law: We may use or disclose your PHI when a law requires, i.e. court, or administrative orders, subpoena, discovery request or other lawful process.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if there is reason to believe that you or your child are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health, or safety, or that of others.

Public Health Responsibilities: We may use or disclose PHI to report reactions to medications, disease/infection exposure, and to prevent and control disease, injury and/or disability as required by law.

Marketing Health-related services: We will not use your PHI for marketing purposes unless we have your written authorization to do so.

Worker's Compensation: We may use and disclose PHI as authorized by worker's compensation laws or other similar programs that provide benefits for work-related injuries or illness.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders including, but not limited to, voicemail messages, postcards or letters.

Incidental Uses and Disclosures: Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot be reasonably prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

NOTICE OF PRIVACY PRACTICES CONTINUED

II: Your Privacy Rights As Our Client:

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. Psychotherapy notes are excluded from the legal provision that gives clients/patients the right to see and copy their health information. If you wish to examine your health information you will need to submit your request in writing to the address listed at the bottom of this notice. Once approved, an appointment can be made to review your records.

Amendment: You have the right to amend your PHI if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-Routine Disclosures: You have the right to request an accounting of my disclosure of your PHI made for purposes other than treatment, payment or healthcare operations as described in this notice. The practice is not required to account for disclosures (1) which you requested, (2) which you authorized by signing an authorization to release medical information form, (3) to friends or family members authorized to be involved in your care, and (4) certain other disclosures my practice is permitted to make without your authorization. The request for an accounting must be made in writing to the address below and should include the time period for which you wish the accounting to include up to a six-year period. The practice is not required to provide an accounting for disclosures that have taken place prior to the date of April 14, 2003.

Revocation: You have the right to revoke a prior authorization to release your PHI. All requests to revoke authorization of PHI, must be done so in writing by completing the Revocation of Authorization for Disclosure of Health Information Form. Contact the Privacy Officer to obtain a copy of this form.

Questions and Complaints:

If you think that we may have violated your privacy right, or you disagree with a decision made about access to your PHI, you may file a written complaint with Gretchen Morgan, LCSNJ at the address listed below. You may also send a written complaint to the Secretary of the department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

How to Contact Us:

Direct correspondence and concerns to the Privacy Officer at:

Practice Name: Lighthouse Counseling & Sand Play Training Center, LLC
Victoria Plaza
615 Hope Road, Bldg. 3A
Eatontown, NJ 07724
Phone: (732)380-1575 Fax: (732)380-1578

Privacy Officer: Gretchen Morgan

Social Workers and Licensed Counselors are licensed or certified by the State of New Jersey within the Division of Consumer Affairs. You may notify the board of any complaint relative to the practice conducted by a Social Worker or Professional Counselor.

The Social Work Board's address is:

Division of Consumer Affairs
Board of Social Work Examiners
P.O. Box 45033
124 Halsey Street
Newark, New Jersey, 07101.

The Professional Counselor Examiners address is:

Division of Consumer Affairs
State Board of Marriage & Family Therapy Examiners
P.O. Box 45007
Newark, New Jersey 07101