

Renewal Life Counseling, LLC

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Notice of Privacy Practice

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.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. However, we are also required by law to keep your information private. These laws are complicated, but we must give you this vital information. This is a shorter version of the legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with **treatment**, to arrange payment for our services, and for some other business activities that are called, in the law, **healthcare operations**. After you have read this notice, we will ask you to sign a **consent form** to let us use and share your information in these ways. We cannot treat you if you do not consent and sign this form.

If we want to use, send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent

Sometimes, the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or the public. We will only share information with persons who can help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

Other requests will be considered on a case-by-case basis.

Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a specific place that is more private for you. For example, you can ask us to call you at home and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge

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you for it. Contact our privacy officer to arrange how to see your records. See below.

4. If you believe that the information in your record needs to be corrected or added something important, you can ask us to make additions to your record to correct the situation. You have to make this request in writing and send it to our privacy officer. Please also tell us why you want to make the changes.
5. You have the right to a copy of this notice or the longer version. You can always request a copy from the privacy officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and the **Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 2021**, or email to **OCRCComplaint@hhs.gov**. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Effective date and changes to the notice

1. Effective Date: This Notice is effective on January 26, 2023
2. Changes to this Notice: I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI I maintain and any information created or received before issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised notice by contacting the Privacy Officer

Also, you may have other rights granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will happily discuss these situations with you now or as they arise.

If you have any questions regarding this notice or our health information privacy policies, please get in touch with our privacy officer, who is **Tamara Houston**, and can be reached by phone at **864-416-4560** or by e-mail at thouston@renewallifecounseling.com