



NOTICE OF PRIVACY PRACTICES

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 2013 and will remain in effect until it is replaced.

We reserve the right to change our privacy practices as long as it complies with applicable law. If we make any material revision to this Notice, we will post a copy of the revised Privacy Notice in each of our offices which will specify the date on which the revised Notice is effective. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

For any purpose other than the ones described below, we may use or disclose your health information only when you give us your written authorization to do so. Specifically, authorization is required for disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures of PHI that constitute a "sale".

LSCI will use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you. You have the right to restrict this disclosure when services are paid in full by you and not by the health insurance provider.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you as described in the Patients Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care.

Fundraising: LSCI will not contact you or use your protected information for fundraising activities.

Required by Law: We may use or disclose your health information when we are required by law to do so.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemails, letters).

For Patient-Related Communications: We may use or disclose your health information to provide patient-related communications such as telephoned-in-prescriptions, etc.

Exception to the Disclosure Process Under the Confidentiality of Substance Abuse Records: For individuals who receive treatment, diagnosis, or referral for treatment from our drug and alcohol abuse program, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations 42 CFR Part 2.

Disclosures of your record cannot be made unless:

- You authorize the disclosure in writing.
- The disclosure is permitted by a court order.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes.
- You threaten to commit a crime either at the alcohol and drug program or against any person who works for our alcohol and abuse program.

As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where violation occurs.
- Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Please see 42 U.S.C. 290dd-2 for federal law and 42 C.F.R. for federal regulations governing confidentiality of alcohol and drug abuse patient records.

PATIENT'S RIGHTS

Access: You have the right to look at and to get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically and reasonably do so. You must make a request in writing to obtain access to your health information. If you request an alternative format, we may charge a cost-based fee for providing your health information in that format. You may obtain a form to request access by using the contact information listed at the end of this notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years or such shorter time as you may specify. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.