



## Notice of Privacy Practices

This notice describes how medical information about the consumer may be used/disclosed and how you can get access to this information. Please review carefully.

This notice takes effect on and remains in effect until we replace it.

### Our Pledge Regarding Medical Information

The privacy of consumer's medical information is important to us. We understand that this medical information is personal, and we are committed to protecting it. We create a record of the care and services to consumer receives at L.I.F.E. We need this record to provide the consumer with quality care and to comply with certain legal requirements. This notice will explain the ways we may use and share medical information about the consumer. We also describe the rights and certain duties we have regarding the use and disclosure of medical information.

### Our Legal Duty

Law Requires us to:

- a. Keep consumer's medical information private.
- b. Give this notice describing our legal duties, privacy practices, and consumer rights regarding medical information.
- c. Follow the terms of the current notice.

We have the Right to:

Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law.

Make changes in our privacy practices and the new terms of our notices effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### Use and Disclosure of Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose consumer's medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

**For Treatment:** We may use medical information about the consumer in order to provide medical treatment or services. We may disclose and share medical information about the consumer to medical personnel, medical students, and other individuals who are providing care to the consumer to assist them in treating the consumer.

**For Payment:** We may use and disclose consumer's medical information for payment purposes. A bill may be



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sent to you or a third-party payer. The information on or accompanying the bill may include the consumer's medical information.

**Additional Uses and Disclosures:** In addition to using and disclosing the consumer's medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes.

**Notification:** We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for the consumer's care. We will share information about the consumer's location, general condition, or death.

**Public Health Activities:** As required by law, we may disclose the consumer's medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also, when we are authorized to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Victim of Abuse, Neglect, or Domestic Violence:** We may use and disclose medical information to appropriate authorities if we reasonably believe that the consumer is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share the consumer's medical information if it is necessary to prevent a serious threat to the consumer's health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Workers Compensation:** We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

**Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and locations at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

### Our Legal Duty

You have the right to:

- a. Look at or get copies of the consumer's medical information. You may request that we provide photocopies of the consumer's medical information. You must make your request in writing. Please allow (5) business days for your



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request to be completed. If you request copies, we will charge you \$.50 for each page, and postage if you want copies mailed to you.

- b. Receive a list of all the times our business shares consumer's medical information for purposes other than treatment, payment, and healthcare operations.

### Questions and Complaints

If you have questions about this notice or think that we may have violated the consumer's privacy rights, please contact our office. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of the consumer's rights in Section 4 of this notice by writing to the following address:

Lauren's Institute for Education  
1305 S. Gilbert Rd  
Gilbert, Arizona 85296

We will provide you with the address to file your complaint with the U.S. Department Health and Human Services. We will not retaliate in any way if you choose to file a complaint.