

## **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how the Protected Health Information that we collect from you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Receive a copy of your paper or electronic records;
- Request corrections to your paper or electronic records;
- Request confidential communications;
- Ask us to limit the information we share;
- Receive a list of those with whom we've shared your information;
- Receive a copy of this privacy notice;
- Choose someone to act for you; and
- File a complaint if you believe your privacy rights have been violated.

### **Your Choices**

You have some choices in the way that we use and share your information, as we:

- Provide mental health care; and
- Market our services.

### **Our Uses and Disclosures**

We may use and share your information as we:

- Provide our services to you;
- Run our organization;
- Bill for services;
- Help with public health and safety issues;
- Conduct research;
- Comply with the law;
- Address workers' compensation, law enforcement, and other government requests; and
- Respond to lawsuits and legal actions.

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Receive an electronic or paper copy of your records**

- You can ask to see or receive an electronic or paper copy of your records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your records**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will explain why, in writing, within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for services, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Receive a list of those with whom we’ve shared information**

- You can ask for a list (an “accounting”) of the times we’ve shared your health information with others, within the previous six years, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Receive a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone power of attorney for your affairs, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you believe that your rights have been violated**

- You can complain if you believe that we have violated your rights by contacting us using the information at the end of this notice; or
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your preferences about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will consider your instructions.

In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.

*We may share your information when needed to lessen a serious and imminent threat to health or safety.*

In the following cases, we do not share your information unless you give us written permission:

- Marketing purposes; or
- Most sharing of clinical notes.

We do not sell your information to third parties or other health care providers.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

#### **To treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks one of our mental health providers about your counselling session because it relates to your recovery from the injury.*

#### **To run our organization**

We can use and share your health information to run our business, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **To bill for services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We may be allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as for public health or research purposes. We have to meet many conditions under the law before we can share your information for these purposes.

#### **To help with public health and safety issues**

We can share health information about you, without your consent, in certain circumstances, such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**To conduct research**

We can use or share your information for health research.

**To comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to confirm that we're complying with federal privacy law.

**To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law; or
- For special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Our Responsibilities

We are required by law to protect your privacy and secure your protected health information.

We will let you know promptly if a breach occurs that may have materially compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it upon request.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our offices, and on our web site.

If you have any questions or concerns about this policy or LifeWorks's handling of your personal information, or if you want to make a complaint, please communicate in writing with our Privacy Officer at:

By regular mail:      Privacy Office  
LifeWorks (US) Ltd.  
115 Perimeter Center Place NE  
Suite 1050  
Atlanta, GA 30346  
United States

By electronic mail:    [privacy-vieprivee@lifeworks.com](mailto:privacy-vieprivee@lifeworks.com)