

## **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.

BETTS HEALTH AND LIFE COACHING, LLC (THE AGENCY) DOES NOT OBTAIN MEDICAL RECORDS. THE MEDICAL INFORMATION BETTS HEALTH AND LIFE COACHING, LLC MAY ASK ABOUT IS LIMITED / GENERALIZED. CLIENTS ARE NOT DIAGNOSISED AND CLIENTS DO NOT RECEIVE THERAPY NOR TREATMENT OF ANY KIND, ONLY COACHING SERVICES ARE PROVIDED BY BETTS HEALTH AND LIFE COACHING, LLC.

PLEASE REVIEW IT CAREFULLY.

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### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Protected health information, by definition, includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Your protected health information may be used or disclosed in the hospital setting; this will transpire with the patient present and with the patient's permission.

BETTS HEALTH AND LIFE COACHING, LLC may send you appointment reminders VIA VOICE OR TEXT MESSAGING; PLEASE PROVIDE THE PHONE NUMBER YOU ARE COMFORTABLE BEING UTILIZED.

Some protected health information can be disclosed without your written authorization as allowed by law.

Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations;
- Court orders, warrants, or subpoenas;
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information will require your written authorization.

This authorization will have an expiration date that can be revoked by you in writing.

### **INDIVIDUAL RIGHTS**

You have the right to request restricted use and disclosure of your protected health information to carry out payment, or business operations. You may also limit disclosures to individuals involved with your care. The agency is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. The agency will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by the agency within 30 days of the Agency's receipt of your request to obtain a copy of your protected health information.

If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date

when you will receive your information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Agency cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and the Agency agree to. The agency cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time the Agency is required to keep the record, the information may no longer be available.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction.

The Agency may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the agency.
- Is not protected health information.
- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the agency will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The Agency may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Agency may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out payment and operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.

This summary does include disclosures made for:

- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request. The Agency may mail or call you with appointment reminders.

## **COMPLAINTS**

If you believe your privacy health rights have been violated, you may file a complaint via email to [Admin@BettsHLC.com](mailto:Admin@BettsHLC.com). The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred.

## **FOR FURTHER INFORMATION**

Notice of Privacy Practices is effective beginning June 1, 2023, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

## REFERENCES

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule.” 45 CFR Parts 160 through 164. Federal Register 65, no. 250 (December 28, 2000).

“Standards for the Privacy of Individually Identifiable Health Information; Final Rule” 45 CFR Part 160 through 164. Federal Register, Volume 67 (August 14, 2002).

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (Jan. 25, 2013).