HIPAA Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully. This notice is provided in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. We are committed to protecting your privacy and safeguarding your rights under HIPAA.

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.

Inspecting and obtaining copies of your health information.
You may request, in writing, to review and obtain a copy of your health information, including session attendance, interventions provided, treatment modalities and frequency, assessment results, and more. However, please note that we may not be able to provide copies of your psychotherapy notes, as they are protected under HIPAA with a higher level of confidentiality.

Ask us to correct your record.
You can ask us to update or correct your health information.

Request confidential communications.
You can ask us to contact you in a specific way (for example, text message or email) or to send mail to a different address.

Ask us to limit what we use or share.
You may request that we not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may deny it if it would affect your care or if a law requires us to share that information.

Release your health information.
You may request, in writing, that we release your health information to other individuals or agencies by completing the Release of Information form. For certain health information, you can instruct us to share information with your family, close friends, or others involved in your care.

Choose someone to act for you.
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure the person has the necessary authority to act on your behalf before taking any action.

File a complaint if you feel your rights are violated.
If you believe your rights have been violated, you may file a complaint by contacting us using the information provided at the end of this notice. You can also 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/. We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

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

For treatment.
Your therapist will maintain records of your health information for treatment purposes. This information may be shared with another therapist or staff member to coordinate care when necessary.

Supervision and consultation.
Your information may be shared for supervision and consultation to enhance the quality of your care and ensure the competency of our staff members.

Run our organization.
We may use and share your health information within our organization to operate our practice, improve your care, conduct program evaluations, and contact you when necessary.

For marketing and funding purposes.
We may use your health information, in an aggregated form, for marketing and funding purposes. However, we will only do so after obtaining your consent.

Respond to a release of information request.
We may respond to a release of information request according to your instructions and share the requested information with the designated agency or individual. You can access the Release of Information form here: https://form.jotform.com/233534630297054 (In the first page of the form, select “Disclosure of Information - Adults and Youth”).

For public health and safety considerations.
We will report suspected abuse, neglect, or domestic violence and release your information to prevent or reduce a serious threat to anyone’s health or safety.

Comply with 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 see that we're complying with federal privacy law.

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.

Note: We will never share any substance use-related information with a third party without your explicit written consent, unless required to do so by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have 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.
- We will not use or share your information other than as described here unless we obtain your consent or you tell us we can in writing. If you give us consent, you may change your mind at any time. Let us know in writing if you change your mind.

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 office, and on our website.

Contact Information

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Effective date: 8/28/2025