

Notice of Privacy Practices

Open Doors Life Center

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NOTICE OF PRIVACY PRACTICES

Effective Date: August 21, 2025

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical and mental health information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

We are required by law to protect the privacy of your Protected Health Information (PHI), provide you with this Notice of our privacy practices, and follow the terms of the Notice currently in effect.

We understand your health information is personal. We are committed to protecting it and ensuring it is only used or shared in appropriate and lawful ways.

How We May Use and Disclose Your Health Information

We may use or disclose your PHI without your written permission in the following circumstances:

1. For Treatment, Payment, and Healthcare Operations

We may use your PHI to provide, coordinate, or manage your care. This includes consultations with other providers, submitting claims for insurance reimbursement, and administrative tasks like scheduling and record-keeping.

Examples:

- Discussing your case with another licensed therapist for consultation.
- Submitting information to your insurance provider for payment.

Note: Disclosures for treatment purposes are not limited to the "minimum necessary" rule because complete information may be required to provide effective care.

2. When Required or Permitted by Law

We may use or disclose your PHI without your authorization for reasons such as:

- Reporting abuse or neglect (child, elder, or dependent adult).
 - Health oversight activities, such as audits or licensing reviews.
 - Legal proceedings, such as court orders or subpoenas (with proper safeguards).
 - Law enforcement, such as reporting crimes that occur on the premises.
 - Coroner/medical examiner duties, such as identification of a deceased person.
 - Public health efforts, including preventing or controlling disease.
 - Workers' compensation claims.
 - National security or specialized government functions, like military or protective services.
 - Research (under specific approval and protections for your information).
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3. Appointment Reminders and Health-Related Benefits

We may use your contact information to remind you of appointments or to inform you of services or alternatives related to your care.

4. To People Involved in Your Care

With your consent (or in some cases, unless you object), we may share PHI with family members, friends, or others involved in your care or payment.

Uses and Disclosures That Require Your Authorization

We will not use or disclose your PHI for the following without your written authorization:

- Psychotherapy Notes (except as allowed by law, such as in legal defense, training, or emergencies).
- Marketing purposes.
- Sale of PHI.

If you authorize any of the above, you may revoke your consent at any time in writing.

Your Rights Regarding Your PHI

You have the right to:

1. Request Limits on Use or Disclosure

You may ask us not to use or share certain health information. We may decline if it would affect your care but will comply with legally required restrictions.

2. Restrict Disclosure to Insurance

If you pay out-of-pocket in full for a service, you can request that information about that service not be shared with your insurance provider.

3. Choose How We Contact You

You can ask us to contact you at specific phone numbers or addresses, and we will accommodate reasonable requests.

4. Access Your Records

You have the right to inspect or get a copy (paper or electronic) of your records, except for psychotherapy notes. We will provide them within 30 days and may charge a reasonable fee.

5. Request an Amendment

If you believe your records are incorrect or incomplete, you may request a correction. We will respond within 60 days, though we may deny your request in certain circumstances.

6. Get a List of Disclosures

You may request an accounting of disclosures of your PHI over the past 6 years (excluding those made for treatment, payment, or operations). The first request each year is free.

7. Get a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you received it electronically.

Changes to This Notice

We may change the terms of this Notice at any time. Changes will apply to all PHI we have about you. The current Notice will always be available in our office and on our website.

Acknowledgment of Receipt

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

