



Align Family Therapy, LLC
3500 N. Rock Road, Bldg. 100
Wichita, KS 67226
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NOTICE OF PRIVACY PRACTICES

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

II. It is the legal duty of Align Family Therapy, LLC, to safeguard your protected health information (PHI).

By law we are required to insure that your PHI is kept private. The PHI constitutes information created or noted by us that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this notice about our privacy procedures. This notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this notice.

Please note that we reserve the right to change the terms of this notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this notice and post a new copy of it in our office and on our Web site. You may also request a copy of this notice from us, or you can view a copy of it in our office or on our Web site, which is located at www.alignfamilytherapy.com.

III. How we will use and disclose your PHI.

We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Following you will find the different categories of our uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent

We may use and disclose your PHI without your consent for the following reasons:

1. *For treatment:* We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with supervisors for training purposes.

2. *For health care operations:* We may disclose your PHI to facilitate the efficient and correct operation of our practice. Examples: Quality control— We might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

3. *To obtain payment for treatment:* We may use and disclose your PHI to bill and collect payment for the treatment and services we provided you. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for our office.

4. *Other disclosures:* Examples: Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent

We may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. *When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement* Example: We may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.

2. *If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.*

3. *If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.*

4. *If disclosure is compelled by the patient or the patient's representative pursuant to Kansas law or regulations or to corresponding federal statutes or regulations, such as the privacy rule that requires this notice.*

5. *To avoid harm.* We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.