



## **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. PLEASE REVIEW IT CAREFULLY.

Life Restoration and Wellness, L.L.C. (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

### **YOUR RIGHTS**

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. Your rights regarding PHI are explained below. You have the right to:

**To request to inspect and copy PHI.** You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.

The fees are as follows, per Michigan State Law:

- Initial Fee (333.26269(1)(a)): \$30.64
- Per page for the first 20 pgs. (333.26269(1)(b)(i)): \$1.53
- Per page from paged 21-50 (333.26269(1)(b)(ii)): \$0.77
- Per page for pages 51+ (333.26269(1)(b)(iii)): \$0.31
- If records can be transmitted electronically, a reasonable flat fee of \$20.00 will be assessed.

The Practice may deny your request under HIPAA regulation CFR 164.524(a)(1)(i), or if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

**To request to amend PHI.**

You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request. The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

**To request confidential communications.**

You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

**To limit what is used or shared.**

You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer. You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

**To obtain a list of those with whom your PHI has been shared.**

You can ask for a list, called an accounting, of the times your health information has been shared. You will be charged a fee of \$25.00.

**To receive a copy of this Notice.**

You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

**To 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.

**To Revoke your authorization.**

You may revoke your authorization at any time by contacting the Practice in writing, using the information below. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

**To opt out of receiving fundraising communications.**

The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

## **OUR USES AND DISCLOSURES**

### **Routine Uses and Disclosures of PHI**

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

**To treat you.**

The Practice can use and share PHI with other professionals who are treating you. Example: Your primary care doctor asks about your mental health treatment.

**To run the health care operations.**

The Practice can use and share PHI to run the business, improve your care, and contact you. Example: The Practice uses PHI to send you appointment reminders if you choose.

**To bill for services.**

The Practice can use and share PHI to bill and get payment from health plans or other entities. Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

## **USES AND DISCLOSURES OF PHI THAT MAY BE MADE *WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT***

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

- **To help with public health and safety issues**
- **Public health:** To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- **Required by the Secretary of Health and Human Services:** We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- **Health oversight:** For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Serious threat to health or safety:** To prevent a serious and imminent threat.
- **Abuse or Neglect:** To report abuse, neglect, or domestic violence.

### **To comply with law, law enforcement, or other government requests**

- **Required by law:** If required by federal, state or local law.
- **Judicial and administrative proceedings:** To respond to a court order, subpoena, or discovery request.
- **Law enforcement:** For law locate and identify you or disclose information about a victim of a crime.
- **Specialized Government Functions:** For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- **National security and intelligence activities:** For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- **Workers' Compensation:** To comply with workers' compensation laws or support claims.

### **To comply with other requests**

- **Coroners and Funeral Directors:** To perform their legally authorized duties.
- **Organ Donation:** For organ donation or transplantation.
- **Research:** For research that has been approved by an institutional review board.
- **Inmates:** The Practice created or received your PHI in the course of providing care.
- **Business Associates:** To organizations that perform functions, activities or services on our behalf. We may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

## **USES AND DISCLOSURES OF PHI THAT MAY BE MADE *WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT***

### **Unless you object, the Practice may disclose PHI:**

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If it is in your best interest because you are unable to state your preference.

### **Uses and Disclosures of PHI Based Upon Your Written Authorization**

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing, sale of PHI, and psychotherapy notes.

### **OUR RESPONSIBILITIES**

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website [www.liferestorationandwellness.com](http://www.liferestorationandwellness.com).
- The Practice will inform you if PHI is compromised in a breach.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Ryan Lowery, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Life Restoration and Wellness, LLC, or with the Secretary of the Department of Health and Human Services. 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. We will take no retaliatory action against you if you make such complaints. The contact information for both is included below.

#### **U.S. Department of Health and Human Services**

Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free: 1-877-696-6775  
<http://www.hhs.gov/contacts>

#### **Life Restoration and Wellness, LLC**

Ryan Lowery, Privacy Officer  
290 Rublein St. Ste F  
Marquette, MI 49855  
P: (906) 273-0182  
F: (877) 940-2864

**Effective Date:** January 1, 2025.