



Life Spiritual Essentials, LLC.

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NOTICE OF PRIVACY PRACTICES

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

I. Uses and Disclosures for Counseling

Life Spiritual Essentials, LLC (LSE) may use or disclose your Protected Health Information (PHI) for counseling purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to personal health information that could identify you.

“Counseling” is when Life Spiritual Essentials, LLC provides counseling services to you.

“Use” applies only to activities such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization (This is not common for Christian counseling.)

Life Spiritual Essentials, LLC may use or disclose PHI for purpose outside of counseling when your appropriate authorization is obtained.

An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Life Spiritual Essentials, LLC asks for information for purposes outside of counseling, LSE will obtain an authorization from you before releasing this information. LSE will also need to obtain an authorization before releasing your counseling notes. Counseling notes are documentation LSE has made about conversations during a private, group, joint or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or counseling notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that LSE has relied on that authorization.

III. Uses and Disclosures with Neither Consent nor Authorization

Life Spiritual Essentials, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If LSE has reasonable cause, based on our professional judgment, to suspect abuse of children with whom we come into contact in our professional capacity, we are required by law to report this to the proper authorities.

Adult and Domestic Abuse: If we have reasonable cause to believe that an older adult needs protective services (regarding abuse, neglect, exploitation, or abandonment), we may report such to the local agency which provides protective services.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services, we provided you or the records thereof, such information is privileged under state law, and we will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. **Judicial or administrative proceedings requests are not common for faith-based, Christian (pastoral) counseling.**

Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm.

Reasonable measures may include directly advising the potential victim of the threat or intent.

IV. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below.

V. Legal Duty

We are required to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice on our website (lifespirtualessentials.com). You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact Cynthia W. Bell, Phone: (443) 386-2661, or email: drcyndi@lifespirtualessentials.com.

VI. Written Acknowledgement

I acknowledge that I have reviewed the Notice of Privacy Practices, which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my information may be used or disclosed and that the organization is not complying with the restrictions I request.

Client Signature

Date

Parent/Legal Guardian Signature

Date