NOTICE OF PRIVACY PRACTICES

Live Well Psychiatry
Effective Date: 10/09/2026

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.

This Notice is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the Privacy Rule (45 CFR §164.520), and applicable federal regulations governing Substance Use Disorder (SUD) records under 42 CFR Part 2.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, follow the terms of this Notice currently in effect, and notify you promptly in the event of a breach of unsecured PHI.

We comply with HIPAA as well as all applicable federal and state laws. When laws provide greater privacy protections than HIPAA, including 42 CFR Part 2 and Idaho law, we follow the more stringent standard.

HOW WE USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI without your written authorization for the following purposes:

Treatment (45 CFR §164.506)

To provide, coordinate, and manage your care. This includes communication between providers, referrals, reviewing your medical history, and documenting your treatment plan and progress.

Payment (45 CFR §164.506)

To bill and receive payment for services provided. This may include submitting claims to insurance, completing prior authorizations, verifying benefits, and providing documentation required by your insurance plan to support medical necessity.

Healthcare Operations (45 CFR §164.506)

To operate and improve our practice. This includes quality review, staff training, internal case review, compliance activities, and administrative functions necessary to support patient care.

ADDITIONAL USES AND DISCLOSURES

We may also use or disclose your PHI without your authorization as permitted or required by law, including:

- **Required by law:** when federal, state, or local law requires the disclosure.
- **Public health:** to report disease, injury, or problems with medications or products to public health authorities.
- **Abuse or neglect:** to report suspected abuse, neglect, or domestic violence to the appropriate authorities as required by law.
- **Health oversight:** to government agencies for audits, investigations, inspections, and licensing.
- **Legal proceedings:** in response to a court order, or to a subpoena or discovery request when the law's required assurances are met.
- **Law enforcement:** as required by law or in limited circumstances the law permits.
- **Serious threats:** to prevent or lessen a serious and imminent threat to your health or safety or the safety of others.
- **Coroners, medical examiners, and funeral directors:** as permitted by law.
- **Workers' compensation:** as authorized by workers' compensation laws.
- **Specialized government functions:** for military, national security, and correctional institution purposes as permitted by law.

We may share relevant information with family members, friends, or others involved in your care or payment for your care when you give us permission, when you do not object after being given the opportunity, or when we determine it is in your best interest and you are unable to make that decision.

We will not use or disclose your protected health information for any purposes not described in this Notice without your written authorization.

Business Associates

We may disclose your protected health information to third-party business associates who perform services on our behalf that involve the use or disclosure of protected health information, such as billing services, administrative support, electronic health record systems, telehealth platforms, or information technology services.

We maintain written agreements with these business associates requiring them to appropriately safeguard your health information in accordance with applicable federal and state laws.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Records related to substance use disorder (SUD) diagnosis, treatment, or referral that are covered by 42 CFR Part 2 have additional federal protections.

If we receive these records from a Part 2 program with your written consent for treatment, payment, and healthcare operations, we may use and disclose them for those purposes as HIPAA permits. We will not use or disclose these records, or testimony describing their contents, in a civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets Part 2 requirements.

You may revoke your consent in writing at any time, except to the extent we have already acted on it. You may ask for a list of disclosures of these records and request restrictions on their use. If a breach of unsecured SUD records occurs, we will notify you as required by law. You may file a complaint with us or with the U.S. Department of Health and Human Services, and we will not retaliate against you.

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before sharing psychotherapy notes (45 CFR §164.508), using or disclosing your information for marketing, selling your health information, or disclosing SUD records when required under 42 CFR Part 2.

You may revoke your authorization at any time in writing.

YOUR RIGHTS

Under HIPAA and applicable law, you have the right to inspect and obtain a copy of your health records, request corrections (amendments) to your information, request restrictions on certain uses or disclosures, request confidential communications, receive an accounting of disclosures, and receive a paper copy of this Notice.

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or healthcare operations, including restrictions on sensitive information such as behavioral health and SUD records. We are not required to agree to most requests. However, if you pay for a service in full out of pocket and ask us not to share information about that service with your health plan for payment or healthcare operations, we will agree unless the law requires us to disclose it.

You have the right to inspect and receive a copy of your records, including an electronic copy of records we keep electronically, and to ask us to send a copy to another provider or person you designate in writing. We may charge a reasonable, cost based fee as permitted by law.

You have the right to be notified following a breach of your unsecured PHI.

If you have designated a personal representative, such as a legal guardian or medical power of attorney, that individual may exercise your rights on your behalf, as permitted by law.

TELEHEALTH AND ELECTRONIC COMMUNICATIONS

We provide services using secure telehealth and electronic systems in compliance with the HIPAA Security Rule (45 CFR Part 164 Subpart C).

We use reasonable administrative, technical, and physical safeguards, including secure platforms, access controls, and encryption where appropriate, to protect your information. However, all electronic communication carries some level of risk.

Patients are encouraged to use secure communication methods provided by our clinic whenever possible and to ensure they are in a private, secure location during telehealth visits to help protect their own privacy.

We may contact you by phone, text message, patient portal, or mail to remind you of appointments or share information about your care. Text messages are not fully secure. You may ask us to use a different method or location, and we will accommodate reasonable requests.

Electronic communication should not be used for urgent or emergency concerns. If you do not receive a response within a reasonable timeframe, you should contact the clinic directly by phone or seek emergency care if needed.

MINIMUM NECESSARY STANDARD

We limit the use and disclosure of your PHI to the minimum necessary to accomplish the intended purpose, in accordance with 45 CFR §164.502(b).

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Updated versions will be posted in our office and on our website and will be available upon request.

PRIVACY CONTACT

If you have any questions about this Notice, want to exercise your rights, or have concerns about how your information is being used, please contact our Privacy Officer:

Privacy Officer: Katrina Cooper
Live Well Psychiatry
2273 East Gala Street, Suite 100
Meridian, ID 83642
Ph: (208) 898-8999
Fax: (208) 898-8992

HOW TO FILE A COMPLAINT

You will not be penalized or retaliated against for filing a complaint.
If you believe your privacy rights have been violated, you have the right to file a complaint with Live Well Psychiatry by contacting our Privacy Officer using the information above.
You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:
Online: https://www.hhs.gov/ocr/privacy/hipaa/complaints/
Email: OCRComplaint@hhs.gov
Mail: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-800-368-1019
TDD: 1-800-537-7697