



Because We Care, LLC®
“Where there is vision, there is provision.”
A Behavioral Treatment Agency

Notice of Privacy Practice

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Uses and Disclosures

Treatment.

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment.

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations.

Your health information may be used as necessary to support the day-to-day activities and management of Because We Care, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement.

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting.

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report communicable diseases to the state's public health department.



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Other Uses.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders on occasions and statements.

Individual Rights

You have certain rights under the federal privacy standards. Among these are:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information.
- the right to amend or submit corrections to your protected health information.
- the right to receive and accounting of how and to whom your protected health information has been disclosed.
- the right to receive a printed copy of this notice.

The Duties of Because We Care, LLC

We are required by law to maintain privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.



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Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office staff. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. The law permits us to charge a reasonable, cost-based fee for copying and postage (\$5.00).

Complaints

If you would like to submit a question, comment or complaint about our privacy practices, you can do so by sending a letter to Kevin Quick, Because We Care, LLC, 3885 South Decatur Boulevard, Suite 1000, Las Vegas, NV 89103. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date

This Notice is effective on or after January 01, 2012.



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Printed _____
Patient Printed Name Date

Witness _____
Witness Signature Date

Signature _____
Patient Signature Date

Printed _____
Parent or Legal Guardian's Printed Name Date

Signature _____
Parent or Legal Guardian's Signature Date