



## A Better Life Psychotherapy Privacy Policy

A Better Life Psychotherapy (PT) is committed to promoting individuals' understanding of privacy practices and maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

This notice describes how information about you, as a client of a Better Life PT, may be used and disclosed, and how you can get access to your information. You have the right to the confidentiality of your health information and the right to approve or refuse the release of specific information except when the release is required by law.

### Use and disclosure of your health information:

The following circumstances may require us to use or disclose your health information:

1. **For Treatment.** We may use health information about you to provide you with treatment or services. We may also disclose health information about you to people outside the practice who may be involved in your care (such as prescriptions or lab work) and in your medical care.
2. **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or third party including obtaining pre-authorizations for services.
3. **For Health Purposes.** We may use the information for clinical review of performance of our personnel.
4. **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment.
5. **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **As required by law,** we will disclose health information about you when required to do so by federal, state, local law or by a law enforcement official. Additionally, for lawsuits and similar proceedings in response to a court or administrative order.
7. **To Avert a Serious Threat to Health or Safety.** We may use health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
8. **Military & Veterans.** If you are a member of the U.S. or foreign military forces and if required by the appropriate authorities.
9. **Inmates.** To correctional institutions or law enforcement agencies. If you are an inmate or under the custody of a law enforcement official.
10. **Workers Compensation.** For workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.
11. **Public Health Official.** We may disclose health information about you for public health activities and health oversight agencies that are authorized by law to collect legally authorized information.

### Your rights regarding your health information:

1. **Communications.** You can request that A Better Life PT communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. **You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations.** Additionally, you have the right to request an accounting of disclosures we made of health information about you. You have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care such as family members and friends. We are not required to agree to your request, however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. **You have the right to inspect and obtain a copy of the health information** that may be used to make decisions about you, including patient medical records and billing records, but **not including psychotherapy notes**.
4. **You may ask us to amend your health information if you believe it is incorrect or incomplete**, and as long as the information is kept by or for our practice.
5. **Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health Services.
7. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

All requests communicated in your rights listed above must be submitted in writing to :

**A Better Life Psychotherapy**  
**Attn: Alice Barton, LPC**  
**6619 N Scottsdale Rd. Suite #12, Scottsdale AZ 85250**  
**(602) 460-7947**

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. Revision effective dates will be noted in the heading.

If you have any questions regarding this notice or our health information privacy policies, please contact:

**A Better Life Psychotherapy**  
**Alice Barton, LPC**  
**(602) 460-7947**

**I hereby acknowledge that I have been presented with a copy of the A Better Life PT Notice of Privacy Practices.**

Signature of Client \_\_\_\_\_

Date: \_\_\_\_\_

**Print Name** \_\_\_\_\_

Signature of Parent/Guardian if under 18 \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of A Better Life PT Clinician** \_\_\_\_\_

**Date:** \_\_\_\_\_