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Notice of Privacy Practices

This notice describes:

- How private health information (PHI) about you may be used and disclosed.
- Your rights with respect to your health information.
- How to report a complaint if you think your private health information (PHI) has been used or shared in a way that violates your privacy or rights.

The Life Link is legally required to protect the privacy of your health information. Our commitment is governed by two key federal laws:

1. The **Health Insurance Portability and Accountability Act (HIPAA)**, which protects all of your health information. This policy covers records about your mental health care- including diagnosis, treatment, and referrals, as long as they do not involve substance use or recovery services.
2. The **Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)** provides *additional* and stricter protections for records related to substance use disorder diagnosis, treatment, and referral for treatment, including integrated records (mental health and substance abuse combined). For substance abuse or combined mental health and substance abuse (also known as “integrated”) treatment and services, the primary governing rule is 42 CFR Part 2 and HIPAA is the secondary. 42 CFR Part 2 is more stringent than HIPAA. In other words, these records are more private.

A. How We May Use and Disclose Your Private Health Information (PHI)

Purpose	Mental Health Only Records (HIPAA)	Substance Abuse and Integrated Records (Combined Mental Health and Substance Abuse) (42 CFR Part 2 & HIPAA)
For Treatment: provision, coordination and management of healthcare and related services.	We may share your PHI with doctors, therapists, and outside staff and agencies involved in your care.	Under 42 CFR Part 2, your consent is required before any information related to your services can be shared with outside providers for treatment purposes

Purpose	Mental Health Only Records (HIPAA)	Substance Abuse and Integrated Records (Combined Mental Health and Substance Abuse) (42 CFR Part 2 & HIPAA)
For Payment: activities necessary to obtain reimbursement for services provided to you.	We may use and disclose your PHI to obtain payment from insurers or third parties, as well as audits from payors.	42 CFR Part 2 requires your written consent before your information can be shared. Without your consent, The Life Link staff cannot help you apply for coverage or bill your insurance for services. As a result you may be responsible for payment. However, you will be asked to sign a consent to disclose this information for the purpose of payment.
For Health Care Operations: necessary administrative, financial, legal and quality improvement activities.	We may use your PHI for administrative activities, quality improvement, and staff training.	42 CFR Part 2 requires your consent to share your information with any other agency, <i>unless</i> you have signed a single future consent referenced in Section B.
Public Health and Safety	We may disclose information as required by law (e.g., to report communicable diseases, child abuse, or prevent a serious threat).	We can report child abuse or an imminent threat, but must be careful not to disclose that you are a 42 CFR Part 2 patient unless required by a specific court order.
Legal Proceedings / Law Enforcement	We may disclose information in response to a court order, subpoena, or administrative demand.	42 CFR Part 2 provides the strongest protection. We cannot use or disclose your Substance Abuse/Integrated Records (or testimony about them) in any civil, criminal, administrative, or legislative proceedings <i>against you</i> without your specific written consent or a specific court order.

B. Uses and Disclosures That Require Your Specific Written Consent

- Treatment, Payment, and Health Care Operations (TPO) for mental health, substance abuse/integrated records: Under the updated 42 CFR Part 2 regulations regarding substance abuse or integrated records, you may consent to a single written consent for all future uses and disclosures of your substance use disorder treatment records for treatment, payment, and health care operations. This consent remains valid unless you revoke it in writing. You may also choose to provide more limited consent for specific disclosures only.
- Psychotherapy, Substance Abuse or Integrated Psychotherapy Notes: These notes document or analyze a conversation during a counseling session, are stored separately from a client's medical record, and are protected like HIPAA and 42 CFR Part 2. We cannot share these notes without your separate, specific written consent. A TPO consent does not include the permission to disclose psychotherapy notes.

- Marketing/Sale of Information: We must obtain your specific written consent for any marketing activities or the sale of your PHI. It should be noted that The Life Link DOES NOT sell your PHI nor does it use client's PHI for marketing or fundraising without proper consent.

C. Other Considerations

We will not condition treatment on you signing an authorization / acknowledgement, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the acknowledgement of this notice of privacy practices or revoke it.

All of our Business Associates follow the same strict laws and regulations regarding the privacy of client's PHI.

In addition, we only share "the Minimum Necessary" to accomplish the recipient's lawful purposes of any use and disclosure.

If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign a consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited.

In the case of records containing substance use or integrated treatment records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Federal law (42 CFR Part 2) prohibits the recipient of your substance use or integrated disorder records from making any further disclosure of this information unless further disclosure is expressly permitted by your written consent or as otherwise permitted by 42 CFR Part 2.

In some limited situations allowed by law, we may use or share your health information without your consent for the following purposes:

- When required under federal, state or local law.
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons, including information about a crime committed on The Life Link premises or against an agency employee.
- When necessary for public health reasons (i.e. prevention or control of disease, injury or disability, reporting information such as adverse reactions to medications, ineffective or dangerous medications or products, suspected abuse, neglect or exploitation of children, disabled adults or the elderly, or domestic violence).
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.).
- For judicial and administrative proceedings and law enforcement purposes (i.e. in response to a court order, by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death).
- For Worker's Compensation purposes (i.e. we may disclose your PHI if you have claimed health benefits for a work-related injury or illness).
- For intelligence, counterintelligence or other national security purposes (i.e. Veterans Affairs, U.S. military command, other government authorities or foreign military authorities may require us to release PHI about you).

- To create a collection of information that is “de-identified” (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you).

D. Your rights

- You have the right to a copy of this notice, in printed or electronic format, and to discuss it with The Life Link staff if you have any questions or concerns.
- You have the right to inspect and obtain a copy of your health information. We generally respond to requests for records within 30 days.
- You have the right to request restrictions of disclosures, for purposes of treatment, payment, and healthcare operations, including if you have previously provided written consent. We are not legally required to agree to your request for a restriction. If we believe it is not feasible due to operational, technical, or regulatory reasons, or if it would affect your care, we may decline it. If we do agree to a restriction, we will honor that agreement unless the information is needed to provide you with emergency treatment.
- You have the right to make an amendment to your records, if you believe it is inaccurate; however we may deny your request for amendment if we believe the medical information to be accurate.
- You have the right to request an accounting of certain disclosure we have made, if any, of your health records.
- You have the right to request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full.
- You have the right to elect not to receive communications from The Life Link to fundraise on its own behalf.
- You have the right to be notified in the event of a breach of your protected health information.
- You have the right to revoke any authorization you have provided to use or disclose your health information except to the extent that action has already taken place in reliance on such authorizations. You may revoke a consent by submitting a request in writing to The Life Link’s Medical Records Manager or Compliance Officer or you may request reasonable accommodation for an alternative revocation process by contacting our Compliance Officer.

E. The Life Link’s duties

- The Life Link is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records.
- The Life Link is required to abide by the terms of the notice currently in effect.
- The Life Link reserves the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains.

F. Complaints

- If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may do so by contacting the HHS Office for Civil Rights or accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. A patient is not required to report an alleged violation to the Secretary or The Life Link but may report to either or both.
- In order to file a complaint with our agency, contact The Life Link’s Compliance Office using contact information at the beginning of this document.
- The Life Link will not retaliate against you for filing a complaint.

Any changes to this Notice of Privacy Practices will be available by accessing our website thelifelink.org or can be obtained by requesting it to any The Life Link employee.