



Client's Rights and Lotus Hope Counseling Responsibilities

Effective 01/01/2019

Your Rights

You have the right to:

1. Obtain a copy of your medical records (both paper and electronic)
 - Request to obtain a copy of your records and or see your file. Please request your records with your therapist.
 - We will provide a copy or a summary of health information, usually within a 30 days of your request. We may charge a reasonable, cost-based fee for this request.
2. Correct your paper or electronic medical records
 - You can request your health information to be corrected if you feel that they are incorrect or incomplete.
 - Although, you can submit this request, Lotus Hope Counseling, LLC. Board of Directors can review and deny this request. If denied, explanation of denial will be done in writing.
3. To Privacy and Confidential Communication
 - As a client, you can request communication in specific ways. This includes contact information such as phone number, mailing address, etc.
 - All reasonable requests can be accommodated.
4. Ask us to limit the information we share
 - You have the right to request limitations of your health information for treatment, payment, or treatment. It will be denied if it will affect your care.
 - If you are self-pay in full, you can deny your information be shared with your health insurer. This will be approved unless law requires us to share the information.
5. Be provided with a list of whom we have communicated with
 - You can request a list of times we've shared your health information with, when and why.
 - For this request, we will include all disclosures except for those about treatment payment and health care operations. This can be provided free of charge once a service year.
6. Receive copies of this privacy notice
 - We will provide copies of privacy notices upon request.



7. Choose a representative or someone to act for you
 - Once Lotus Hope Counseling, LLC. confirms that person has authority as medical power of attorney or legal guardianship, that chosen person can act on your behalf regarding your medical treatment.
8. File a complaint if you believe your rights have been violated
 - Complete the compliant form and submit to Lotus Hope Counseling, LLC.
 - You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to
 - 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting the following webpage www.hhs.gov/ocr/privacy/hippa/complaints/.

Your Choices

- You have choice to tell your family and friends about your condition
- You have a choice of mental health care provider

***If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.