

Luminex Healthcare Services, LLC
Notice of Privacy Practices

Effective Date: [Insert Date]

This Notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

Our Legal Duty

Luminex Healthcare Services, LLC is required by law to:

- Maintain the privacy of your protected health information (PHI).
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

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

1. Treatment

To provide, coordinate, or manage your healthcare and related services.

Example: Sharing information with another healthcare provider involved in your care.

2. Payment

To obtain payment for the services we provide.

Example: Submitting information to your insurance plan for reimbursement.

3. Healthcare Operations

For administrative, quality improvement, and training purposes.

Example: Reviewing treatment quality to improve services.

4. When Required by Law

We may disclose PHI when required to do so by federal, state, or local law.

5. Public Health & Safety

We may share PHI to:

- Report abuse, neglect, or domestic violence.
- Prevent or reduce a serious threat to health or safety.

6. Law Enforcement & Legal Proceedings

We may disclose PHI in response to a valid court order, subpoena, or law enforcement request.

7. Specialized Government Functions

For military, national security, or correctional institution purposes as authorized by law.

Uses and Disclosures Requiring Your Authorization

We will obtain your **written permission** before using or sharing your PHI for:

- Marketing purposes.
 - Sale of your information.
 - Psychotherapy notes (with limited exceptions).
- You may revoke your authorization at any time in writing.

Your Rights Regarding Your Health Information

You have the right to:

1. **Access Your Records** – Request to see or get a copy of your medical record.
2. **Request Amendments** – Ask us to correct your medical record if you believe it is incorrect or incomplete.
3. **Request Restrictions** – Ask us to limit certain uses or disclosures. We are not required to agree to all requests.
4. **Request Confidential Communications** – Ask us to contact you in a specific way (e.g., by mail only).

5. **Receive an Accounting of Disclosures** – Request a list of times we shared your PHI (excluding certain routine disclosures).
6. **Receive a Paper Copy of This Notice** – Even if you agreed to receive it electronically.

Changes to This Notice

We reserve the right to change this Notice at any time. Any changes will apply to the PHI we already have as well as new information. Updated Notices will be posted in our office and on our website.

Questions or Complaints

If you have questions or believe your privacy rights have been violated, you may contact:

Privacy Officer

Luminex Healthcare Services, LLC

[Insert Address]

Phone: [Insert Phone Number]

Email: [Insert HIPAA-compliant email]

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I have received and reviewed the Notice of Privacy Practices for Luminex Healthcare Services, LLC.

Patient Name: _____

Signature: _____

Date: _____