

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Introduction:

New Directions Family Counseling, operating under the legally established entity Christina D. Wright, LCSW, PLLC (the “Practice” or “We”), is dedicated to transforming the lives of those struggling mental health disorders, and provides a variety of outpatient psychotherapy services to those individuals (collectively, “Services”).

As a provider of healthcare related services, the Practice may be subject to certain laws and regulations governing the use and disclosure of Personal Health Information (“PHI”). Under the Health Insurance Portability and Accountability Act and its implementing regulations (“HIPAA”), certain demographic, health, and/or health-related information that the Practice receives from you to provide our Services may be considered PHI.

The Practice is committed to protecting your PHI. We create a record of the care and services you receive, which we need in order to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Practice. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights to the health information that the Practice keeps about you, and it describes certain obligations it has regarding the use and disclosure of your PHI.

The Practice’s Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information;
- We will let you know promptly of a security breach that may have compromised the practice or security of your information;
- We must give you a copy of this Notice or make it readily available to you and at all times must follow the terms of the Notice;
- If we change the terms of this Notice, the new Notice will apply to your health information and will be available upon request, in my office, and on my website;
- We will not use or share your health information other than as described in this Notice, unless you tell us we can in writing. If you do so, you may change your mind at any time, and as long as we have not already shared your health information, we will honor your request.

How We May Use And Disclose Health Information:

Your health information, which includes any information that relates to your past, present, or future health/mental health condition, may be used and released by the Practice without prior authorization for the following purposes. Not all types of uses and releases can possibly be described in this document. However, we have listed some common examples of permitted uses and disclosures below.

Payment: The Practice may release information about you to your health plan or health insurance carrier to obtain payment for Services. For example, we may need to give your health plan information about a clinical exam or medications that you received so your health plan will pay us for treatment or services we provided. The Practice may also share your information, when appropriate, with other government programs such as Workers' Compensation, Medicaid, Medicare, or Indian Health Services to determine if you are eligible for, or to coordinate, your benefits, entitlements, and payments. We may need to disclose a limited amount of information about you to explore your financial situation for possible sources of payment for your care, but we will only do so as permitted under law. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: The Practice may use and disclose your health information for operational purposes, which may include but are not limited to: business management and administration, business planning and development, care management, case management, audit functions, fraud and abuse detection, performance evaluation, and quality assurance. Additionally, the Practice may use and release information about you to ensure that the services and benefits provided to you are appropriate and high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you.

Treatment: The Practice may also disclose your protected health information for the treatment activities of any health care provider. For example, if the Practice were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care, the word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

If, however, your records contain any information about your HIV/AIDS status, other health-related information that is afforded special protection under New York State laws, rules and regulations, or we intend to use your health information for marketing-related purposes, we will ask your permission before we share that information with any other party.

Lawsuits and Disputes: If you are involved in a lawsuit, the Practice may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

As Required By Law: The Practice may use and disclose your health information if disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Public Health Activities: The Practice may use and disclose your health information for public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. Under New York State law, the Practice is considered a *Mandated Reporter*. This means that if the Practice has a reasonable suspicion that a child (under 18 years of age) is being abused or neglected, it is legally obligated to report this suspicion to the appropriate authorities. While the Practice will make every effort to maintain the confidentiality of all client interactions, the obligation to report suspected abuse or neglect overrides confidentiality. This means that information necessary for the report may be disclosed to authorities.

Judicial and Administrative Proceedings: The Practice may use and disclose your health information to respond to a lawful court or administrative order, although the preference is to obtain an Authorization from you before doing so.

Research Purposes: The Practice may use and disclose your health information for research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

Specialized Government Functions: The Practice may use and disclose your health information for specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

Appointment Reminders and Health Related Benefits or Services: The Practice may use and disclose your health information to contact you to remind you that you have an appointment. We may also use and disclose your health information to tell you about treatment alternatives, or other health care services or benefits that it offers.

Certain Uses And Disclosures Where We Will Never Disclose Information:

1. Psychotherapy Notes. The Practice keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your **Prior Written Authorization** unless the use or disclosure is:
 - For the Practice's use in treating you;
 - For the Practice's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy;
 - For the Practice's use in defending itself in legal proceedings instituted by you;
 - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA;
 - Required by law and the use or disclosure is limited to the requirements of such law;
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes;
 - Required by a coroner who is performing duties authorized by law; or

- Required to help avert a serious threat to the health and safety of others.
- 2. Marketing Purposes. We will not use or disclose your PHI for marketing purposes, unless given written permission to do so.
- 3. Sale of PHI. We will not sell your PHI in the regular course of the Practice, unless given written permission to do so.

Certain Uses And Disclosures Offer a Choice:

Disclosures to family, friends, or others. You may authorize this Practice to provide health information to family, close friends, or other individuals involved in your care. If you are not able to tell us your preference—for example, if you are unconscious—we may share your information if we believe it is in your best interest, and obtain consent retroactively.

You Have The Following Rights With Respect To Your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask the Practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes (see descriptions above). We are not required to agree to your request, and the Practice may say “no” if it believes it would negatively affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask the Practice to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that the Practice has about you. The Practice will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which the Practice has disclosed your PHI for purposes *other* than treatment, payment, or health care operations, or for which you provided us with an Authorization. The Practice will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list the Practice will give you will include disclosures made in the last six years unless you request a shorter time. The Practice will provide the list to you at no charge, but if you make more than one request in the same year, the Practice will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the Practice correct the existing information or add the missing information. The Practice may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail.

And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

For More Information or to Report a Problem:

If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below. There will be no penalty or retaliation for filing a complaint:

Office for Civil Rights

Phone: 866-OCR-PRIV (866-627-7748) or TDD 877-521-2172 886-788-4989 TTY.

Secretary of Health and Human Services

200 Independence Avenue, SW, Federal Center for Deaf
and Hearing Impaired: 1-800-877-8339
Washington, D.C. 20201
Toll Free Phone: 877-696-6775