



New Horizon Counseling Center

HIPAA NOTICE OF PRIVACY PRACTICES

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

II. IT IS NEW HORIZON COUNSELING CENTER (NHCC) LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law NHCC is required to insure that your PHI is kept private. The PHI constitutes information created or noted by NHCC that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. NHCC is required to provide you with this Notice about NHCC privacy procedures. This Notice must explain when, why, and how NHCC would use and/or disclose your PHI. Use of PHI means when NHCC share, apply, utilize, examine, or analyze information within NHCC practice; PHI is disclosed when NHCC release, transfer, give, or otherwise reveal it to a third party outside NHCC practice. With some exceptions, NHCC may not use or disclose more of you PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, NHCC is always legally required to follow the privacy practices described in this Notice.

Please note that NHCC reserve the right to change the terms of this Notice and NHCC privacy policies at any time. Any changes will apply to PHI already on file with me. Before NHCC make any important changes to NHCC policies, NHCC will immediately change this Notice and post a new copy of it in NHCC office. You may also request a copy of this Notice from me, or you can view a copy of it in NHCC office.

III. HOW NHCC WILL USE AND DISCLOSE YOUR PHI.

NHCC will use and disclose your PHI for many different reasons. Some of the use or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of NHCC uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. NHCC may use and disclose your PHI without your consent for the following reasons:

- 1. For treatment.** NHCC may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, NHCC may disclose your PHI to her/him in order to coordinate your care.
- 2. For health care operations.** NHCC may disclose your PHI to facilitate the efficient and correct operation of NHCC practice. Examples: Quality control – NHCC might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. NHCC may also provide your PHI to NHCC attorneys, accountants, consultants, and others to make sure that NHCC am in compliance with applicable laws.
- 3. To obtain payment for treatment.** NHCC may use and disclose your PHI to bill and collect payment for the treatment and services NHCC provided you. Example: NHCC might send your PHI to your insurance company or health plan in order to get payment for the health care services that NHCC have provided to you. NHCC could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for NHCC office.
- 4. Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that NHCC attempt to get your consent after treatment is rendered. In the event that NHCC try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but NHCC think that you would consent to such treatment if you could, NHCC may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. NHCC may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.

Example: NHCC may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

2. **If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
3. **If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
4. **If disclosure is compelled by the patient or the patient's representative pursuant to Texas Health and Safety Codes or to corresponding federal statutes of regulations,** such as the Privacy Rule that requires this Notice.
5. **To avoid harm.** NHCC may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
6. **If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if NHCC determine that disclosure is necessary to prevent the threatened danger.**
7. **If disclosure is mandated by the Texas Child Abuse and Neglect Reporting law.** For example, if NHCC have a reasonable suspicion of child abuse or neglect.
8. **If disclosure is mandated by the Texas Elder/Dependent Adult Abuse Reporting law.** For example, if NHCC have a reasonable suspicion of elder abuse or dependent adult abuse.
9. **If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
10. **For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, NHCC may need to give the coroner information about you.
11. **For health oversight activities.** Example: NHCC may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
 1. **For specific government functions.** Examples: NHCC may disclose PHI of military personnel and veterans under certain circumstances. Also, NHCC disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
 2. **For research purposes.** In certain circumstances, NHCC may provide PHI in order to conduct medical research.
 3. **For workers' compensation purposes.** NHCC may provide PHI in order to comply with Workman's Compensation laws.
 4. **Appointment reminders and health related benefits or services.** Examples: NHCC may use PHI to provide appointment reminders. NHCC may use PHI to give you information about alternative treatment options, or other health care services or benefits NHCC offer.
 5. **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g. a subpoenas for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
 6. **NHCC am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.**
 7. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess NHCC compliance with HIPAA regulations.
 8. **If disclosure is otherwise specifically required by law.**
- A. **Certain Uses and Disclosures Require You to Have the Opportunity to Object.** NHCC may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
- B. **Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA, IIIB, and IIIC above, NHCC will request your written authorization before using or disclosing any of you PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that NHCC haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

These are your rights with respect to your PHI:

- A. **The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in NHCC possession, or to get copies of it; however, you must request it in writing. If NHCC do not have your PHI, but NHCC know who does, NHCC will advise you how you can get it. You will receive a response from me within 30 days of

NHCC receiving your written request. Under certain circumstances, NHCC may feel I must deny your request, but if NHCC do, NHCC will give you, in writing, the reasons for the denial. NHCC will also explain your right to have NHCC denial reviewed. If you ask for copies of your PHI, NHCC will charge you not more than \$.25 per page. NHCC may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

- B. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that NHCC limit how NHCC use and disclose your PHI. While NHCC will consider your request, I am not legally bound to agree. If NHCC do agree to your request, NHCC will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that NHCC am legally required or permitted to make.
- C. **The Right to Choose How NHCC Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). NHCC am obliged to agree to your request providing that NHCC can give you the PHI, in the format you requested, without undue inconvenience.
- D. **The Right to Get a List of the Disclosure NHCC Have Made.** You are entitled to a list of disclosures of your PHI that NHCC have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personal, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. NHCC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list NHCC give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their addresses, if known), a description of the information disclosed, and the reason for the disclosure. NHCC will provide the list to you at no cost, unless you make more than one request in the same year, in which case NHCC will charge you a reasonable sum based on a set fee for each additional request.
- E. **The Right to Amend your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that NHCC correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of NHCC receipt of your request. NHCC may deny your request, in writing, if NHCC find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of NHCC records, or (d) written by someone other than me. NHCC denial must be in writing and must state the reason for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and NHCC denial be attached to any future disclosures of your PI II. If NHCC approve your request, NHCC will make the change(s) to your PI-II. Additionally, NHCC will tell you that the changes have been made, and NHCC will advise all others who need to know about the change(s) to your PI fl.
- F. **The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

V. HOW TO COMPLAIN ABOUT NHCC PRIVACY PRACTICES.

If, in your opinion, NHCC may have violated your privacy rights, or if you object to a decision NHCC made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about NHCC privacy practices, NHCC will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT NHCC PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about NHCC privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact New Horizon Counseling Center.

VII. EFFECTIVE DATE OF THIS NOTICE.

This notice went into effect on April 14, 2003.