



Notice of Privacy Practices

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may **use** or **disclose** your **protected health information (PHI)**, for **treatment, payment, and health care operations** purposes with your consent. To help clarify these terms, here are some definitions:

PHI refers to information in your health record that could identify you. Examples include life history, treatment history, diagnoses, treatment plan, progress notes, records from other treating professionals, evaluations and reports, medications, legal records, billing records, and insurance information.

Treatment, Payment and Health Care Operations:

- **Treatment** is when we provide, coordinate or manage your health care and other services related to your health care. Examples include providing individual, couples, family, or group therapy. Another example of treatment would be when we consult with another health care provider either within or outside our practice, such as your family physician or another mental health clinician.
- **Payment** is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use applies only to activities within the practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. Coordinating your treatment, evaluating how well your treatment is working, teaching, and training activities are all examples of how we use your PHI.

Disclosure applies to activities outside of the practice such as releasing, transferring, or providing access to information about you to other parties. For example, we need to provide proof that we provided services to you to third party payers such as insurance providers. We may also provide information to your PCP or other health care professionals.

As a courtesy, we provide **appointment reminders** and when we do this we **use** and **disclose** your PHI. You have the option to give us permission to provide these reminders by voicemail, email, text message, or not at all.

We also work with **business associates** who provide services for us such as making copies of your health records or handling billing issues. Our business associates need to have access to some of your PHI to do their jobs, and they sign an agreement to maintain the security and privacy of your information.

II. Uses and Disclosures Requiring Additional Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations (such as providing information for worker's compensation or a disability insurance claim) when you sign a separate Authorization to Release Information form allowing us to do so. We will also need to obtain a separate authorization for most uses and disclosures of psychotherapy notes (if such notes are kept) and for uses and disclosures of PHI for marketing purposes.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we have already relied on the authorization, and if the authorization was obtained as a condition of insurance coverage please note that the law provides the insurer the right to contest the claim under the policy.

In Pennsylvania, the laws protecting your privacy are more strict than what HIPAA requires. In many cases, if we wish to release information to a third party, we will request your specific permission to do so by having you sign an authorization for release-of-information.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety:** If you express a serious threat or intent to kill or seriously injure yourself or an identified or readily identifiable person or group of people and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising a potential victim or victims of the threat or intent and/or notifying law enforcement personnel.
- **Child Abuse:** If we have reasonable cause, on the basis of our professional judgment, to suspect abuse or neglect of a child, we are required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older or vulnerable adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services we provided to you or the records thereof, such information is typically privileged under state law, and we will not release the information without your written consent or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Worker's Compensation or Disability:** If you file a worker's compensation or disability claim due to a psychiatric condition, we may be required to file periodic reports with your employer or a government agent which shall include, where pertinent, history, diagnosis, treatment, and prognosis.
- **Emergency:** In the case of an emergency, if we are not able to obtain your authorization, we may share your PHI if we believe it will help you or that you likely would have wanted us to do so. We will inform you that we have shared your PHI for emergency purposes as soon as possible. If you no longer want us to continue doing so, you can ask us to stop sharing this specific information.
- **Other:** There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Client's Rights and Practice's Duties

Client's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI to a health plan if you pay out-of-pocket in full for the health services. You have the right to request restrictions on certain uses and disclosures of PHI about you, such as the right to decide what we share with certain family, friends, or clergy members. We will discuss this request with you, and we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of your PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address. You could also ask us to call you at home and not at work. Although we must have some way to contact you, we will specifically ask you for permission to contact you by email or text message. There is some risk to communicating by these electronic means. We recommend that email and text messages be reserved for things such as minor scheduling and billing issues.
- **Right to Review:** You have the right to review your health record. If your provider feels that you may be harmed by viewing your entire record, they may suggest that only a part of your record is reviewed. There may be a charge if copies are requested.
- **Right to Amend:** If you believe your record is incorrect or missing something, you have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. This request must be made in writing to our compliance officer. Upon your request, we will discuss with you the details of the amendment process. We may deny your request.
- **Right to Notification:** You have the right to be notified if there is a privacy breach of your PHI.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III above). Upon your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to receive this notice electronically.
- **Right to File a Complaint:** You have the right to file a complaint if you feel your privacy rights have been violated. See section V below for proper procedures.

Health Care Provider's Duties:

- We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to your PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we are required to provide proper notification. We will notify you in writing, and copies of our new Notice of Privacy Practices (NPP) will be available on our website in our waiting room, and from any staff member.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your record, or have other concerns about your privacy rights, you may contact our compliance officer, Dr. Michael Schneider, by phone at 724-934-3905x31 or by email at mschneider@newdirectionspgh.com.

If you believe that your privacy rights have been violated and wish to file a complaint, you may also send your written complaint to mschneider@newdirectionspgh.com.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Our compliance officer listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective immediately.