

NOTICE OF PRIVACY PRACTICES

New Day Counseling, LLC
149 East Mill Street
Richland Center, WI 53581

EFFECTIVE DATE 9/17/2020

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

This Notice of Privacy Practices explains how the New Day Counseling, LLC may use and release your health information. It also describes your privacy rights and how you may access and control your health information. **We can use and release your health information without your consent or authorization for the following purposes:**

TREATMENT: We can use your health information in providing you with treatment and coordinating services for you. Staff within our clinic may share information about you. We can also share your health information with providers outside of our clinic who are treating you. For example, unless you object, a therapist can give information to your spouse about warning signs that may signal a developing emergency. However, please know that it is our clinic policy to obtain your written permission before sharing your health information with individuals outside of our clinic except when permitted or required by law.

PAYMENT: We can use and share your health information to bill and collect payment from third parties (such as health insurance companies) for the services received from our clinic. Please know that bills submitted to health insurance companies must include: identifying information, a diagnosis, and the type of service provided. We also can use and share your health information with your health insurer to obtain prior authorization for services or to continue to provide services.

HEALTH CARE OPERATIONS: We can use and share your health information as needed to operate our clinic and to make sure that we are providing you and all our clients with quality care. Examples of health care operations include: conducting quality assurance activities to evaluate the performance of our staff; participating in compliance reviews; conducting internal audits; and reviewing all clients' health information to determine what additional programs and services should be offered.

BUSINESS ASSOCIATES: We provide some services through contracts with business associates. We can share your health information with our business associates so that they can perform the functions that they have been contracted for. To protect your health information, our business associates are also required to comply with the same federal security and privacy rules that we do. Examples of business associates include: the company providing and managing our electronic health records; and the information technicians who repair and maintain our computers and internet service.

We can use and release your health information without your consent or authorization under the following conditions:

- **THREATS OF SELF-HARM.** If your therapist has reason to believe that you are at serious risk of harming yourself, he/she will contact any and all necessary personnel to maintain your safety. This may include your emergency contact, law enforcement, EMS personnel, or other members of your treatment team.
- **THREATS OF HARM TO OTHERS.** If your therapist has reason to believe that your behaviors pose an imminent and real threat to another individual, it is the therapist's right and responsibility to inform any party necessary to keep those other individuals safe.
- **ABUSE OR NEGLECT OF A MINOR CHILD OR AN ELDER ADULT.** If your therapist has reason to believe that abuse or neglect of a minor child or elder adult has occurred, he/she is required by law to report the situation to the local human services department or the appropriate governmental agency including law enforcement.
- **COURT OR OTHER HEARINGS.** Health information about you may be released to comply with a court order. I understand that it is my therapist's policy to have **NO COURT INVOLVEMENT** as this may harm our professional relationship, compromise, confidentiality, and interfere with achieving my therapy goals.
- **LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may release health information about you in response to a legal order. We may also release health information about you in response to a subpoena, discovery request, or other lawful process – but only if the party seeking your health information has made an effort to notify you that they have requested your health information or that they have made an effort to obtain an order protecting the health information requested.
- **RESEARCH.** We can release health information about you for research projects that have been approved by an institutional review board which ensures continued protection of your health information.
- **REQUIRED BY LAW.** We will disclose health information about you when it is required by law.
- **WORKER'S COMPENSATION.** If you file a worker's compensation claim, your therapist may be required to release health information about you (relative to that claim) to your employer or its insurer and may be required to testify.
- **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).** If we are required to release health information about you to Health and Human Services to demonstrate compliance with HIPAA requirements, we will do so.
- **UNUSUAL CIRCUMSTANCES.** Federal and state law may require us to release health information about you in unusual circumstances, such as for: law enforcement purposes; health oversight activities (e.g. audits and investigations of health care systems conducted by

government agencies); coroner, medical examiner, and/or funeral director purposes; organ procurement organization purposes; and public health purposes pertaining to: disease, FDA-regulated products, or specialized governmental functions (e.g. fitness for military duty; eligibility for VA benefits; and national security and intelligence).

You have the right, to choose or refuse, to give us permission to use or share your health information in the following specific situations:

- EXCEPTIONS TO THE NOTICE OF PRIVACY PRACTICES.** We would require your specific authorization before using or releasing your health information in a way that is not described in this Notice of Privacy Practices.
- PSYCHOTHERAPY NOTES.** These are notes (recorded in any medium) that therapists make during therapy sessions and keep separate from the rest of the medical record. Because psychotherapy notes are given a higher level of protection than other health information, we would require your specific authorization before releasing them to any party that has requested them.
- FUNDRAISING.** We may contact you to request your participation in a fundraising event. You have the right to opt out of receiving such communications. Requests to stop contacts about fundraising events must be submitted in writing to the Site Clinical Director.
- MARKETING.** We may contact you to notify you of health-related benefits and services (workshops, seminars, retreats, etc.) that may be of interest to you. You have the right to opt out of receiving such communications. Requests to stop contacts about marketing information must be submitted in writing to the Site Clinical Director.
- FAMILY / CARETAKERS. UNLESS YOU OBJECT,** clinic staff and mental health professionals, using best judgment, may disclose to: a family member, other relative, friend, or any other person identified to be involved in your health care or the payment of your health care; ONLY THE HEALTH INFORMATION THAT APPLIES DIRECTLY TO THAT PERSON'S INVOLVEMENT IN YOUR CARE OR PAYMENT RELATED TO YOUR CARE. Note that we do not "sell personal information" (which is to receive payment for sharing health information about you for things such as research or public health purposes). And we are not compensated by another entity for "marketing" any products or services.

PATIENT RIGHTS You have the right to:

- REQUEST RESTRICTION(S) ON HOW WE USE OR SHARE YOUR HEALTH INFORMATION.** You have the right to request a restriction on the health information we use or release about you for treatment, payment, or health care operations. You also have the right to request a restriction on the health information that we share about you with individuals involved in your care or the payment of your care, including a family member or friend. Your request must be submitted to the Site Clinical Director, in writing, using the clinic's REQUEST TO RESTRICT THE USE/DISCLOSURE OF HEALTH INFORMATION form. We are not; however, required to approve

your request. If we do, we will comply with it except when the information is needed to provide you with emergency treatment or required by law. If you pay for services out-of-pocket, in full, and you request that we NOT share your health information: 1) with your health plan for payment, or 2) for health care operation purposes; we are required to approve your request and we will comply with it unless a law requires us to provide the information.

•**RECEIVE CONFIDENTIAL COMMUNICATION.** For confidentiality reasons you may request that we communicate with you about your health care in a certain way or at a certain location. For example, you may not want a family member to know that you are receiving psychological services so you may ask us to only call you at work or to send your bills to a different address. To receive such alternative means of communication you must inform reception staff specifically how and/or where you wish to receive communications from us. We will accommodate all reasonable requests.

•**INSPECT OR COPY YOUR HEALTH INFORMATION.** You have the right to inspect or copy your health record. You must submit your request to your therapist, in writing, using the clinic's REQUEST FOR ACCESS TO HEALTH INFORMATION form. Your request may be denied for certain reasons. You will be notified, in writing, if your request is approved or denied. If it is denied, the reason will be provided along with how you may challenge the denial and have it reviewed. Please know that you will be charged for the copy of your health record according to the clinic FEE AGREEMENT.

•**CORRECT INFORMATION THAT YOU BELIEVE IS INCORRECT OR INCOMPLETE.** If you believe that health information in your record is incorrect or incomplete you have the right to request that the information be changed. Your request for a correction of health information must be submitted to the Site Clinical Director, in writing, using the clinic's REQUEST TO CORRECT/AMEND HEALTH INFORMATION form. It must specify the entry to be corrected and your reason for the correction. We may deny your request if: We did not create the record (such as a report generated by a different clinic). The information you want to change is not included in the health record that we maintain. You wanted to change information that you are not permitted to inspect and copy. The health information in your record is accurate and complete. You will be notified, in writing, if your request is approved or the reason that it was denied. If your request to change information in your record is denied, you have the right to insert into your record an addendum that states your version of the information.

•**REQUEST AN ACCOUNTING OF WHO WAS GIVEN YOUR HEALTH INFORMATION AND WHY.** You have the right to request an accounting of the times the clinic gave out your health information in compliance with federal and state law. The accounting will not include disclosures of your health information made for purposes of: treatment, payment, or health care operations; or when the disclosures were authorized. Your request for an accounting must be submitted to the Site Clinical Director, in writing, using the clinic's REQUEST FOR AN ACCOUNTING OF HEALTH INFORMATION DISCLOSURES form and it must specify the time period for the accounting (not to exceed 6 years from the date of the request). You are allowed

one accounting per year for free. You will be charged, according to the clinic FEE AGREEMENT, for additional accounting's within a 12 month period.

•**REQUEST A PAPER COPY OF THIS NOTICE.** In addition to posting this Notice of Privacy Practices document in a prominent location at each clinic, and posting it on our website, we will provide you with a paper copy of it at any time if you ask for one. **BREACH NOTIFICATION** If a breach occurs that may compromise the privacy or security of your health information, we will promptly notify you of the breach and what you can do to protect yourself. **REVOKING YOUR AUTHORIZATION.** You have the right to revoke your authorization to use or disclose your health information at any time. Please know; however, that the health information that was released about you while the authorization was in effect will not be retracted in any way. A request to revoke your permission must be submitted in writing to the Privacy Officer, Sue Larson 149 East Mill Street Richland Center, WI 53581.

SOCIAL NETWORKING SITES & INTERNET REVIEWS

•To protect patient confidentiality, staff of this clinic will not acknowledge or respond to any patient requests for communication via social networking sites, such as Facebook, Whats App, Twitter, QQ, WeChat, Linked In, etc.

•The clinic will not typically respond to positive or negative internet reviews. Should a response be deemed necessary, however, the clinic will maintain strict patient confidentiality in its response. **COMPLAINTS** If you believe that your privacy rights have been violated, you have the right to file a written complaint to the clinic's Privacy Officer (identified below) or contact the U.S. Department of Health and Human Services Office for Civil Rights (also identified below). You will not be retaliated against in any way for filing a complaint.

Sue Larson 149 East Mill Street Richland Center, WI 53581.

or

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington D.C. 20201
1-877-696-6775 or www.hhs.gov/ocr/privacy/hipaa/complaints/

RESPONSIBILITIES

•We are mandated by law to maintain the privacy of your health information and to abide by the terms of this Notice of Privacy Practices.

•We will not use or share your health information other than as described in this Notice of Privacy Practices or permitted by state or federal law unless you authorize us, in writing, to do so.

- When using or disclosing your health information, we will provide the least amount of information necessary to meet the request. CHANGES TO THE NOTICE OF PRIVACY PRACTICES.

We reserve the right to change the terms of this Notice of Privacy Practices as indicated by new provisions regarding protected health information. If we were to make significant changes to this document and you wanted a copy you would be provided with a copy of the revised Notice of Privacy Practices - either by mail or in person at your next appointment; or you may view it on our web site. PRIVACY OFFICER If you have any questions or concerns about your privacy rights or the information in this notice, please contact the clinic's Privacy Officer:

Sue Larson 149 East Mill Street Richland Center, WI 53581.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX OR SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.