

Health Insurance Portability and Accountability Act (HIPAA) of 1996

Notice Of Privacy Practices

This is a summary of New Discoveries Behavioral Health LLC's Notice of Privacy Practices. New Discoveries Behavioral health LLC promises to maintain the confidentiality of your protected health information ("PHI"). PHI is health information about you that we have in our records.

This notice describes how mental, behavioral, medical and other health care information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Uses and disclosures of health information

Except as described in this Notice, it is our practice to obtain your authorization before we disclose your PHI to another person or party. You may revoke an authorization, at any time, in writing. If you revoke an authorization, we will no longer use or disclose your PHI. However, we cannot undo any disclosures we have already made.

We use health information about you for treatment (supervision, referral, recording details of your treatment plan and your progress), to obtain payment (submit claims to billing services, collection agencies, or insurance, and deposit checks into a business account) and for administrative purposes (mailings, appointment reminders).

We may use or disclose PHI about you without your authorization for several other reasons. To comply with certain requirements, we may give out PHI without your authorization for public health purposes, for auditing purposes, for research studies and, to comply with specific laws and to avert a serious threat to health or safety. For example, we are required to report or disclose PHI related to child abuse or neglect. We may use or disclose your PHI in an emergency situation when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

We may apply a change to our policies at any time. Before we make a significant change in our policies, we will provide you with a notice.

Individual Privacy Rights

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may decline if I believe it would affect your health care.

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.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

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 I have about you. I 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 I may charge a reasonable, cost based fee for doing so.

The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

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 I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

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.