

NEW BEGINNINGS BEHAVIORAL HEALTH SERVICES, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES applies only to care and treatment you receive from New Beginnings Behavioral Health Services in North Carolina that are treated as an “affiliated covered entity” under the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) that protects the privacy of your health information. Terms defined in the HIPAA Rules will have the same meaning in this Notice.

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

- A. WE MUST PROTECT HEALTH INFORMATION ABOUT YOU.** We must protect the privacy of health information about you that can be identified with you, sometimes called “PHI” for short. PHI includes information about your past, present or future health, the healthcare we provide to you, and payment for your healthcare. This Notice explains New Beginnings Behavioral Health Services’ legal duties with respect to PHI and how we can use and disclose PHI about you.. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, New Beginnings Behavioral Health Services will provide notice as required by HIPAA.

We must follow this Notice. We may change this Notice and make the changes apply to PHI we already have if we:

- Post the new notice on our website: www.newbeginningsbhs.com
- Make copies of the new notice available if someone asks for it

B. HOW WE CAN USE AND DISCLOSE PHI ABOUT YOU

1. When We Can Use and Disclose PHI About You Without An Authorization. We may use and disclose PHI about you without your Authorization in the following ways:

a. To provide mental health treatment to you. We use and share PHI with others to provide and coordinate your mental health treatment. We may also share health information about you with other professionals who may be involved in your medical care after you leave our care. We may make health information about you available to other healthcare providers who ask for it. You may ask that your health information not be made available as provided in the “Your Privacy Rights” section below.

b. To obtain payment for services. We use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you. Before we provide scheduled services to you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits.

c. To remind you about appointments. We may use and/or disclose PHI to remind you about an appointment you have with us.

d. To tell you about treatment options. We may use and/or disclose PHI to tell you about treatment options that may interest you.

2. When We May Use And Disclose PHI About You Without An Authorization Or An Opportunity To Object. In some situations, we may use and/or disclose PHI about you without your Authorization or an opportunity to object. These situations include when the use or disclosure is:

a. When it is required by law, such as report child and disabled adult abuse or neglect.

b. For a legal proceeding. We may disclose PHI about you if a judge orders us to.

c. To avoid a serious threat to health or safety. We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.

3. When You Can Object To A Use Or Disclosure. Unless you tell us not to, we may use or share your PHI:

a. To people involved in your care or payment for care. We may share PHI with family members or others identified by you, who are involved in your care or payment for your care, unless you ask us not to pursuant to Section E.1 below.

C. OTHER LAWS. In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules apply to your health information, we may still be required to report certain things and we will follow these laws. For example, we are required to report suspected cases of child or disabled adult abuse or neglect, and we may share the information listed below when we make the report.

- If you have a communicable disease like tuberculosis, syphilis or HIV/AIDS, we generally will not share that information unless we have your written permission. But, we do not need your permission to report information about your disease to State and local health officials or to prevent the spread of the disease.
- If you are treated for a mental health condition, a developmental disability or substance abuse, state law requires us to get your written consent before we disclose that information. There are some exceptions to this rule. For example, we may disclose information if you need a guardian or involuntary commitment. We also may disclose information to: (1) a healthcare provider who is treating you in an emergency; (2) a healthcare provider who referred you to us, if they ask; and (3) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. If you do not object, we can also tell your family that you were admitted to, or discharged from, a behavioral health unit. Under a special federal law, if you apply for or receive substance abuse services from us, we generally have to get your written permission before we share information that identifies you as a substance abuser or a patient receiving substance abuse services. There are some exceptions to this rule. We can share this information with our workers to coordinate your care and to agencies or individuals that help us serve you. We may share information with medical workers in an emergency. If you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report that to the police.

- If you are under the age of 18 and are not emancipated, we will not reveal any information about treatment you receive for pregnancy, venereal disease and other communicable diseases, drug or alcohol abuse, or emotional disturbance without your permission. But, we are allowed to reveal this information if: (1) your doctor thinks your parents need to know because there is a serious threat to your life or health, or (2) your parents or guardian ask your doctor about the treatment.

D. OTHER USES AND DISCLOSURES.

1. Use of Psychotherapy Notes, Use of PHI for Marketing, and Sale of PHI. Except as provided in Section 164.508(a)(2), your authorization is required for use or disclosure of psychotherapy notes about you. Except as provided in Section 164.508(a)(3), your authorization is required for use or disclosure of PHI about you for marketing. Your authorization is required for a disclosure which is a sale of PHI about you.

2. Other Uses and Disclosures. In any situation other than those listed above, we will ask for your written Authorization before we use or disclose your PHI. If you sign a written Authorization allowing us to disclose PHI, you can cancel it later. Your cancellation must be in writing and delivered to New Beginnings Behavioral Health Services at the address provided below, and we will not disclose PHI about you after we receive your cancellation and had a reasonable time to implement the cancellation.

E. YOUR PRIVACY RIGHTS. You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a special form. Please contact New Beginnings Behavioral Health Services (828) 772-0470 or at 4 Long Shoals Road, Suite B #437, Arden, NC 28704 for the form or more information.

1. Right to Ask for Restrictions. You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. We do not have to agree to your request in most cases. But, we do have to agree if you ask us not to disclose PHI to your health plan or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

2. Right to Ask for Different Ways to Communicate with You. You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. If your request is reasonable, we will do what you ask. In some situations, we may require you to explain how you will handle payment and give us another way to reach you.

3. Right to See and Copy PHI. You have the right to see and get a copy of the health information about you. You must sign a special form called an Authorization. We may charge you a fee if you have asked for a copy of records. We can deny your request in some situations. If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.

4. Right to Ask for Changes. You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. We can deny your request in some situations. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.

5. Right to Ask for an Accounting of Disclosures. If you ask in writing, you can get a list of some, but not all, the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

6. Right to a Paper Copy of this Notice. We will give you a paper copy of this Notice on the first day we treat you. You can also get a copy of this Notice from our website www.newbeginningsbhs.com.

F. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES. If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the New Beginnings Behavioral Health Services at (828) 772-0470 or at 4 Long Shoals Road, Suite B #437, Arden, NC 28704. You also may write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of New Beginnings Behavioral Health Services, PLLC "Notice of Privacy Practices."

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____