

## Notice of Privacy Practices

### HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our goal is to safeguard the personal information that you provide to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to: (1) maintain the privacy of personal information provided to us; (2) provide notice of our legal duties and privacy practices; and (3) abide by the terms of our Notice of Privacy Practices currently in effect. Your rights to privacy of the information you share with us, including your Social Security number are also governed by Connecticut Public Act 08-167, Safeguarding and Disposal Requirements of Personal Information including Social Security Numbers. Northeast Clinical Specialists, LLC reserves the right to change this Notice and have the changes apply to all Protected Health Information, including that which was obtained before the change in Notice. The current Notice will be available on our web site, at [www.neclinical.com](http://www.neclinical.com).

**Who Will Follow This Notice:** This Notice describes the practices of the principal partners and independent service contractors at Northeast Clinical Specialists, LLC. Each service provider is individually responsible for creating and maintaining healthcare records on his or her clients. Providers who leave the practice group retain their records, and should be contacted directly to obtain past treatment information. Providers may share Protected Health Information with other providers in the practice group, for quality care and billing purposes.

**Information Collected About You:** In the course of receiving treatment services from us, you will be providing us with personal information such as your name, address, phone number, social security number, medical history, insurance information, other providers or agencies involved in your care, and names of family members or friends that we may contact on your behalf. Your therapist will create a record of your information which includes services provided to you and information obtained from others who are part of your "circle of care" – such as your physician, family members, or other community agencies. You have a right to obtain a copy of the information that we have in your treatment record. You have the right to request that we amend the information in your record, to the extent that the amended information is accurate. Requests for records information will not include psychotherapy notes, which are kept separately, and are only released in special circumstances, such as by special court order.

**How We May Use and Disclose Information About You:** We may use and disclose personal and identifiable health information about you for a variety of purposes. The types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

**Required Disclosures.** We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

- **For Treatment.** We may use health information about your treatment. For example, we may use your medical information to identify possible physical health problems or conditions which may affect your mental health treatment planning.
- **For Payment.** We may use and disclose health information about you to bill for our services and to collect payment from you. If your treatment services are paid by insurance, we may need to give the insurance company information about your diagnosis or treatment needs to ensure continued coverage for the services that you receive. If you have insurance or Medicare but choose to pay treatment costs entirely on your own, you may make a written request to have information about those services withheld from your insurance company or Medicare, except if it is required to bill future services to those entities.
- **Appointment Reminders.** We may use and disclose Protected Health Information to contact you as a reminder that you have an appointment or that you should schedule an appointment.
- **Mandated Reporting.** We may disclose health information about you when we are required to do so by federal, state, or local law. We may disclose protected health information about you in connection with certain public safety requirements. For instance, all mental health professionals in the state are required to disclose, to the proper authorities, suspected abuse or neglect of children, the elderly, or handicapped individual. We are also required to disclose information to protect individuals who present an imminent danger to their own safety or the safety of others.

- **Emergency Situations.** We may disclose your healthcare information in an emergency situation, where your health or welfare, or the health and welfare of others is at risk. This may include those disclosures to individuals exposed to a communicable disease that are required by law.
- **Compliance With Court Orders.** We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body.

**Other Uses and Disclosures of Personal Information.** We are required to obtain written authorization from you for any other uses and disclosures of healthcare information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your permission.

**Communications Policy.** As part of our efforts to ensure your privacy, personal healthcare information will not be transmitted via unencrypted email, unless you provide us with a written request that we do so, which states that you understand that there are substantial risks to the confidentiality of such information. In addition, there may be delays in the receipt of email, so it should never be used for emergencies. If a therapist attempts to reach you by telephone, and is connected to an answering service or recording device, the caller will leave a message that is limited to the therapist's name and contact information.

**Individual Rights.** You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail. You have the right to inspect and obtain copies of treatment and billing records. Upon written request, we will provide you with your treatment records in paper or digital form. If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct it or add missing information.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations; disclosures to you; or disclosures you give us authorization to make. If you ask for this information from us more than once every 12 months, we may charge you a fee. You have the right to a copy of this notice in paper form. You may ask us for a copy at any time. To exercise any of your rights, please contact us in writing at Northeast Clinical Specialists, LLC, c/o HIPAA Compliance Officer, 151 Storrs Road, Mansfield Center, CT 06250. When making a request for amendment of your records, you must state a reason for making the request.

**Acknowledging Your Presence.** Since we are identified as a provider of mental health services, we will not acknowledge that you are receiving services from us without your specific written authorization. We will not acknowledge requests for treatment records unless they include your written authorization or are required by law.

**Changes To This Notice.** We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

**Complaints/Comments.** If you have complaints or questions concerning our privacy practices, you may contact our Clinical Director, Ron Anderson, Ph.D., at 860-456-4442 (Ext 3). You will not be penalized in any way for bringing a complaint against any provider at Northeast Clinical Specialists, LLC.

**Attestation.** By signing below, I acknowledge that I have read and have been provided with a copy of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date