



Notice of Privacy Practices

This notice involves your privacy rights and the limits of confidentiality regarding your Protected Health Information (PHI). It explains how information about you may be disclosed and how you may access this information. Please review it carefully. Your signature on the Consent to Receive Services form indicates that you have read the Provider-Client Service Agreement and the *New Beginnings Counseling Center (NBCC) Notice of Privacy Practices and agree to their terms.

Limits of Confidentiality: There are some important exceptions to the confidentiality of your Protected Health Information in which your PHI may be disclosed without authorization. These limitations are required by law or by NBCC policy.

Emergency: If you are involved in a life-threatening emergency and your provider cannot ask your permission, s/he will share information if s/he believes you would have wanted the information shared, or if s/he believes it will be helpful to you.

Abuse Reporting: Your provider is required by law to report suspected child abuse or neglect as well as suspected abuse, neglect, or exploitation of elderly or incapacitated adults. Reports of abuse are made to the state of TN.

Health Oversight Activities: The licensing boards for psychologists, professional counselors, social workers, and marriage and family therapists may request your records for health oversight activities related to NBCC.

Court Proceedings: Your records may be subpoenaed by the court for legal proceedings.

Serious Threat to Health or Safety: If you communicate to your provider a specific and immediate threat to cause serious bodily injury or death to another person and s/he believes you have the intent and ability to carry out that threat immediately or imminently, s/he is legally required to take steps to protect third parties. These precautions may include: 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By NBCC policy, your provider may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, NBCC can be required to provide your records to your attorneys or legal authorities.

Workers Compensation: If you file a worker's compensation claim, NBCC is legally required to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider if requested.

Insurance/Benefits Determination and Payment Processing, and Healthcare Operations: Your relevant mental health information may be disclosed to your insurance company, managed care organization, state agencies, federal agencies, Health Care Financing Administration, third party administrators, and/or Workers' Compensation or its agents to process your claim, determine benefits payable for related services, and for other healthcare operation purposes.

Other uses and disclosures of information not covered by this notice or by the laws that apply to providers will be made only with your written permission.

Patient's Rights and Provider's Duties: You have the **right to request restrictions** on certain uses and disclosures of your protected health information. You also have the **right to request a limit** on the medical information disclosed about you to someone who is involved in your care or payment for your care. However, NBCC is not required to agree to a restriction you request.

You have the **right to request and receive confidential communications of protected health information (PHI) by alternative means and at alternative locations**. These written requests must specify how and where you wish to be contacted.

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 this Notice). Upon receiving your written request, NBCC will discuss with you the details of the accounting process.

In most cases, you have the **right to inspect and copy** your medical and billing records. You may be charged a fee for this service. Your provider may deny your request to inspect and copy in some circumstances.

You have the **right to request an amendment to your record** if you feel that it is incorrect or incomplete. NBCC reserves the right to deny your request in certain circumstances.

You have the **right to a paper copy of this Notice**, which you may request at any time. NBCC reserves the right to change policies and/or to change this notice, and to make the changed notice effective for medical information previously obtained as well as any information received in the future. A new copy will be made available to you or posted in the waiting room. You may request a paper copy of the current notice at any time.

If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to this office. You may also send a written complaint to the U.S. Department of Health and Human Services.

All requests in section III of this Notice must be made in writing.