

**Notice of Counseling Associates of New London's
Practices Guarding Your Protected Health Information (PHI)
THIS NOTICE DESCRIBES HOW MEDICAL & PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Our Responsibilities

We take the privacy of your health information seriously, and we are committed to protecting your health information. This Notice applies to all records of your care that we maintain, which contain your protected health information (PHI). Protected health information is psychological & medical information that identifies you or may provide a basis for identifying you. This Notice is provided to tell you about the duties and practices of Counseling Associates of New London with respect to your health information. We are required by law to provide you with this Notice, and we are required to follow the terms of the Notice that is currently in effect.

Changes to this Notice

This notice is effective October 22, 2004.

We may change our policies at any time. The changes will apply to PHI we already have as well as new information we receive. Before we make a change that may impact your understanding of our current privacy practices, we will change our Notice to reflect our current practice of protecting your PHI. You will be provided with a revised notice at your first visit to our office following this change.

How we may use and disclose your health information

The following categories describe and give examples of the different ways that we may use and disclose your health information with your consent for services. All of the ways we are permitted to use and disclose your information will fall within one of these categories.

Treatment We may use PHI about you to provide you with treatment. Treatment is considered to include those services in which we provide, coordinate, or otherwise manage your health care including coordination of services and consultation with designated health care providers, such as your primary care physician.

Payment We may use and disclose your PHI for payment purposes. We may bill and collect for the treatment and services we provide to you. We may send your PHI to an insurance company or third party for payment purposes including a collection service. For example, we may use and disclose your PHI for payment purposes if we contact your insurance company in order to determine eligibility or coverage.

Health Care Operations We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to make sure that you receive competent, quality health care, and to maintain and improve the quality of health care that we provide. For example, we may use your PHI for performance improvement activities, which would contribute to our mission of providing mental health care of the highest quality to each patient.

Permitted Uses without Prior Authorization

We may use or disclose your PHI without your prior authorization for several other reasons. Subject to certain requirements, we may give out health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, and emergencies. We also disclose health information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

To Avert a Serious Threat to Health or Safety We may use and disclose your necessary PHI when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

Child Abuse If we have a reason to suspect that a child has been abused or neglected, we are mandated by law to report this to the Division of Children, Youth, & Families.

Adult & Domestic Abuse If we have reason to suspect that an incapacitated adult has been subject to abuse, neglect, self-neglect, hazardous living conditions, or exploitation, we are required by law to report that information to the Department of Health & Human Services.

Health Oversight If the New Hampshire Board of Mental Health is conducting an investigation, then we are required to disclose your mental health records upon subpoena from the Board.

Judicial or Administrative Proceedings If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we may not release information without your written authorization. The privilege does not apply if this information is required by court order.

Military If you are a member of the armed forces (domestic or foreign), we may release your PHI as required by domestic military command authorities for domestic armed forces and by foreign military authority for foreign armed forces.

National Security and Intelligence Activities We may release your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

Third Parties We may disclose your PHI to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we may have already made under the authorization.

Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to review or get a copy of health information that may be used to make decisions about your care. Upon your request, we will discuss with you the details of this process. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend You have the right to ask us to modify but not delete your health and/or billing information for as long as the information is kept by us. You must submit your request in writing. In addition, you must provide a reason that supports your request. We will inform you of our decision in writing. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting of Disclosures You have the right to a list of those instances where we have disclosed health information about you other than for treatment, payment, health care operations, where you specifically authorized a disclosure, or other instances specifically noted in the Privacy Rule that are not subject to the Accounting of Disclosures standard. You must submit a written request to obtain a copy of this disclosure list. Upon your request, we will discuss the details of the accounting process.

Right to Request Confidential Communications You have the right to request that health information about you be communicated to you in a confidential manner. For example, you may ask that we call your cell phone with appointment reminders instead of your home phone. Please discuss this request with your provider and note on any forms where applicable.

Right to Request Restrictions You have the right to request that we do not use or disclose health information about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We will endeavor to comply with such requests as appropriate, however we are not required to agree to your request. Please discuss this with your therapist.

Right to a Paper Copy of This Notice You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Complaints

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below) or you may contact our Privacy Hotline, which operates 24-hours a day, seven days a week at 1-800-299-7991. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Officer can provide you with the address. You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact our Privacy Officer by using the information provided below.

**Susan Borchert, PhD
Privacy Officer
Counseling Associates of New London
P.O. Box 1624
370 Main Street
New London, NH 03257**

Phone: 603-526-4230

You may also send a written complaint to the Secretary of the U.S. Department of Health & Human Services. The Privacy Officer can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Counseling Associates of New London will not retaliate against you for exercising your right to file a complaint.