

**New Choices Counseling
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2409 S. Rural Rd, Suite C-3 Tempe, AZ 85282
480-275-9277
LPC-14053
Notice of Privacy Practices**

I. General Information

Information regarding your health care, including payments for health care, is protected by federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320D *et seq.*, 45 C.F. R. parts 160 & 164, state law, Welfare and Institutions Code (§ 5328, § 5624, § 5606.6, § 4099 *et seq.*, §4070, §18951). Under these laws, New Choices Counseling may not disclose to any person that you attend therapy, nor may New Choices Counseling disclose any information identifying you as a mental health client, or disclose any other protected information except as permitted by federal and state laws.

Generally, you must sign a written authorization before New Choices Counseling can share information for treatment purposes. For example, New Choices Counseling must obtain your written authorization before it can disclose information to another treatment provider who is asking about you. However, state law permits New Choices Counseling to use and disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audits or evaluations
3. To third party payers, other persons, or organizations to process insurance claims.
4. To report a crime committed on the property of or against any employee of New Choices Counseling
5. To medical personnel in a medical emergency
6. To appropriate authorities to report suspected child abuse and neglect
7. To government law enforcement, Youth Authority and Adult Correctional Agency, and courts for the administration of justice;
8. To a protection and advocacy agency to protect rights of certain individuals;
9. To report an injury caused by (1) assault or abusive conduct; (2) neglect or abuse; (3) sexual assault; (4) burn or smoke inhalation injuries; (5) elder or dependent abuse; (6) and for purposes of disease management (California civil code Division 1, Part 2.6);
10. To designated emergency response employees regarding possible exposure to HIV or AIDS (P.O> 101-381;42 U.S.C. Sec.201);
11. Basic demographic information only to a disaster relief organization for response to disaster welfare inquires.

For example, New Choices Counseling can disclose information without your authorization to obtain financial services or to paramedics in case you need emergency medical care. Before New Choices Counseling can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written authorization allowing it to make the disclosure. You may revoke any such written authorization in writing.

II. Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. New Choices Counseling is not required to agree to any restrictions you request, but if it does agree, then it is bound by the agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that she communicate with you by alternative means. New Choices Counseling will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and ask for a copy of your health information maintained by New Choices Counseling unless that information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in New Choices Counseling records, and to request and receive an accounting of disclosures of your health related information made by New Choices Counseling during the six years prior to your request. You also have the right to receive a paper copy of this notice.

III. New Choices Counseling's Duties

New Choices Counseling is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. New Choices Counseling is required by law to abide by the terms of this notice. New Choices Counseling reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You have a right to receive a paper copy of this new notice.

IV. Complaints and Reporting Violations

You may file a grievance with the Secretary of the Department of Health Services if you believe that your privacy rights have been violated.

V. Effective Date and Duration of this notice This notice is effective January 2, 2013.

Client Signature: _____ Date: _____