

Northeast Counseling & Coaching
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NOTICE OF PRIVACY PRACTICES UPDATED JULY 2024

Health Insurance Portability and Accountability Act of 1996

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

THIS NOTICE HAS BEEN WRITTEN SPECIFICALLY FOR NORTHEAST COUNSELING AND COACHING AND HAS NOT BEEN COPIED FROM A GENERIC DOCUMENT. THIS IS SPECIFIC TO YOUR TREATMENT WITH OUR PRACTICE.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create an electronic medical record (EMR) through Simple Practice to document the care and services you receive from Northeast Counseling and Coaching, Inc, our therapists and our staff. We are required to have this record to document the care you receive and is part of providing you with quality care and to comply with certain legal requirements. This notice applies to all of the records that your care generates by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your protected health information (PHI).

- Follow the terms of the notice that are currently in effect.
- Change the terms of this Notice, and such changes will apply to all information we have about you. Any new notice will be sent to you for consent.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your explicit authorization and consent will fall within one of the categories.

Treatment, Payment and Healthcare Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Your PHI (protected health information) will be shared with your insurance company to bill and receive payment. This also includes periodic review by insurance companies and record audits. You will be made aware if any of these reviews take place. We have signed an agreement with your health insurers to share PHI to receive payment and remain compliant with their terms of agreement. The follow examples will help you understand the disclosures:

1. Marketplace plans require yearly record audits where all or some of your treatment records are required to be produced. This is often provide with a summary of treatment letter but may contain your entire treatment record - diagnosis, treatment plan, session notes, and assessments.
2. Some healthcare companies request information to monitor your treatment.
3. Your records may be requested by court order. We will do what we can to protect your privacy. In the event that we are not able to quash a subpoena your records may need to be provided.
4. If your case is involved with the Division for Children, Youth and Families (DCYF) we are mandated by law to provide your treatment records as they are no longer protected under privacy laws with an open DCYF case.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For our use in treating you such as communicating with your primary care provider, medication provider, or making referrals for additional treatment.
 - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For our use in defending a case in legal proceedings instituted by you.

- d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law with the following mandatory reporting: reporting child abuse or neglect (RSA 169-C:29), adult or elderly abuse or neglect (RSA 161-F:46), reporting of imminent danger or threat to oneself or a reasonable identifiable person (RSA 329:31; RSA 326-B:33; RSA 330-A:35), or reporting of communicable diseases (RSA 141-C:8).
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
 - i. Required to obtain payment from and/or compliance with your insurance company.
 - j. Required disclosure to law enforcement when an injury is caused by a gunshot or criminal act and there has not been a notification to a law enforcement official (RSA 631:6). There are exceptions to this disclosure.
2. Marketing Purposes. Your information will not be shared for marketing purposes.
 3. Sale of PHI. We will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. In most cases, you will be provided written or verbal notice of any disclosure of your protected health information (PHI). This notice will be documented in your health record through a Chart Note. We may also ask you for an Authorization of Release. Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. (See NH RSA laws stated above)
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition - it is our policy to request your authorization for this purpose.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, other health care services or benefits that we offer or can refer you to provide competent and comprehensive care.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Keep in mind that your objection may prevent you from receiving care or payment for services rendered. Please discuss this with your therapist if you have concerns.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. Disclosures to caregivers living with or caring for you when you are diagnosed with a mental illness (RSA 135-C:19-a, I).
3. Disclosures to guardians appointed through a court order over the person and/or estate.
4. Disclosures to the emergency staff during an Involuntary Emergency Admission (RSA 135-C:19-a, II)
5. Disclosures to The National Instant Criminal Background Check System 45 CFR § 164.512(k)(7)

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.**
You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect or limit your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How We Send PHI to You.**
You have the right to ask me to contact you in a specific way (for example, home or office phone), email or to send mail to a different address, and we will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.**
You have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures We Have Made.
You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI.
If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice.
You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer:

Marci Martel, Ph.D. LCMHC

Phone: (603) 554-8193

E-mail: drmarcimartel@gmail.com

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 22, 2024

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.