



Notice of Privacy Practices

As an ethical provider New Strength Counseling LLC has an obligation to inform you of your fundamental rights and of privacy practices in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards and 42 CFR with respect to your protected health information (PHI). **The notice is intended to focus individuals on privacy issues and concerns, have discussions with their providers and exercise their rights.** New Strength Counseling LLC will take reasonable steps to ensure privacy practices are followed with regard to PHI.

Clients right to PHI:

- **Clients have the right to confidentiality of PHI.**
 - **Clients may review, restrict disclosures, ask that a clinical record be viewed or amended.**
 - **Clients have the right to revoke release of authorization.**
 - **Clients are entitled to access a list of any disclosures made on their behalf as noted above.**
 - **Clients are entitled to transparency with regard how their PHI will be stored and used.**
 - **Clients have the right to be notified of any accidental disclosure or breach of their information.**
 - **Clients are not required to sign receipt of privacy practices, but are required to have access.**
- Updated Notice of Privacy Practices are available at www.newstrengthcounseling.com**

Signed Authorization to Release Information

- Release of information authorization may be revoked, in writing, at any time, except where uses or disclosures have already been made based upon original permission. Release may not be able to be revoked for authorization to a covered entity for the purpose of reimbursement of services. In order to revoke authorization, do so in writing and send it to the appropriate disclosing party.
- Disclosures already made based upon original permission cannot be taken back.
- It is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards. To that end all disclosures are made with the expressed statement that disclosed information is not to be re-disclosed without consent.
- Treatment by any party may not be conditioned upon my signing of authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign authorization.
- New Strength Counseling requests a release of Information to be signed between a minor child and their guardian as in the state of Indiana a minor can consent to treatment (42CFR), but cannot consent to enter into a contract for payment without the consent of an adult.
- A copy of release of information authorization will be provided after signing. A copy of authorization is as valid as the original.

Disclosures of Information (authorized disclosures covered under privacy law):

Safety

- If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- If a client threatens grave bodily harm or death to another person.
- If therapist has reasonable suspicion that a client or named person is the perpetrator, observer of, or victim of physical, emotional or sexual abuse/neglect of children under the age of 18 years.
- Suspicions as stated above in the case of a dependent adult who may be subjected to abuse.
- If a crime has been committed within the context of the treatment environment.
- If there is a medical emergency within the context of the treatment environment.



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Additional Disclosures

Legal Proceedings

- If a court orders release of information or issues a subpoena for information.
- A therapist is authorized to access or maintain information for defense in legal proceedings.
- For the purposes of providing information to a coroner.

Research

- Your information may be used for the purpose of research and clinician education, but will be de-identified (removal of individual name and other identifiers) prior to the disclosure of information.

Payment

- Your PHI will be used, as needed, to obtain payment for your services.

Record Keeping

- Physical copies of client records are available upon request and may be produced within 30 days. Patient requested records may result in additional fee to offset the cost of office supply.
- Physical copies will routinely be shredded and if kept on site will be locked in accordance with privacy law.
- Electronic records will be secured as contracted with a third party electronic medical record system. New Strength Counseling LLC has the ability to contract with this provider to ensure the safety of your information.
- On site electronic devices will be secured with password encryption, and 2 factor authentication for safety.
- Telehealth services are also contracted to have a secure platform through. Additional information is available upon request.
- Faxed information is a utility and does not require a contract for service
- Electronic disclosure of information through email or text message is not considered to be safe unless a secure channel is provided. A secure channel can be provided through a contracted provider for a fee.

Questions Concerns or Complaints

- Clients have the opportunity to contact providers directly or file grievances with regard to any disclosure through consent or in handling of their PHI in accordance with Privacy Law.
- This agency will not retaliate against any individual who raises ethical concerns regarding the violation of PHI.

References:

- HIPPA Health Insurance Portability and Accounting Act, 1996
- 42CFR 2 Disclosure of Substance Use Disorder Patient Records
- HIPAA Privacy Rule 45 CFR 164.520, <https://www.hhs.gov/sites/default/files/privacysummary.pdf>