



NOTICE OF HIPAA POLICIES & PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS DESCRIBES HOW MENTAL HEALTH, PSYCHOLOGICAL, AND MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

- **PHI** refers to information in your health record that could identify you.
- **Use** applies only to activities within this office, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

I. Uses and Disclosures for Treatment, Payment, and Behavioral Health Care Operations:

A New Dawn Psychotherapy Associates may use or disclose your PHI for treatment, payment, and health care operations.

- **Treatment** is when we assess, provide, and coordinate your behavioral health care. An example of treatment would be when we consult with another health care provider such as your family physician, psychiatrist, and psychologist.
- **Payment** is when we obtain payment for the treatment and services provided. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of our office. Examples are quality improvement, assessment, audits, and case management/case coordination.

II. Uses and Disclosures Requiring Authorization:

A New Dawn Psychotherapy Associates may use or disclose PHI for purposes outside of treatment, referral, and behavioral health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond general consent that permits only specific disclosures. In those instances, this office would need to obtain authorization from you before releasing this information. You may revoke all authorizations of PHI at any time by notifying A New Dawn Psychotherapy Associates in writing at 308 E. Broad Street, Bethlehem, PA 18018. The revocation is only effective after it is received by A New Dawn Psychotherapy Associates. Any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation.

III: Uses or Disclosures Without Authorization:

Information about you may be disclosed without your consent in the following circumstances:

- **Child Abuse** – If I have reasonable cause, based on professional judgement, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse** – If I have reasonable cause to believe that an older adult is in need of protective services (abuse, neglect, abandonment, exploitation), I may report such to the local agency which oversees protective services.
- **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and A New Dawn Psychotherapy Associates will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat, I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

A New Dawn Psychotherapy Associates, LLC

308 East Broad Street
Bethlehem, PA 18018
Phone/ 610-861-8779
Fax/ 610-861-4677
www.anewdawnpa.com



- **Worker's Compensation** – If you file a Worker's Compensation claim, I will be required to file periodic reports with your employer, which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

IV: Patient Rights and Providers Duties

Patient Rights

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are accessing services from A New Dawn Psychotherapy Associates. On your request, we will send your PHI to another address to protect your confidentiality).
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent or authorization (as described in Section III of this notice). On your request we will discuss with you the details of the accounting process.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the privacy notice from A New Dawn Psychotherapy Associates upon request, even if you previously agreed to receive the notice electronically.

Provider Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect.
- If I revise the policy and procedures, I will provide you with an updated copy at your next scheduled visit.

V: Questions or Complaints:

Should you have any questions about any part of this notice, if you would like more information about the privacy practices, or if you are concerned that I violated your privacy rights you may contact: A New Dawn Psychotherapy Associates at 308 E. Broad Street, Bethlehem, PA 18018 - Phone 610-861-8779. You may send a written complaint to the Secretary of the United States Department of Health & Human Services.

VI: Effective Date: This notice will go into effect on April 18, 2018

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