



## NOTICE OF PRIVACY PRACTICES

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

THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) requires all health care records and other individually identifiable PROTECTED HEALTH INFORMATION (PHI) used or disclosed to us in any form (including electronic, paper, or oral) be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse PHI. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations.

- **TREATMENT** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy and group psychotherapy.
- **PAYMENT** means such activities as obtaining reimbursement for services, confirming coverage, billing, or collection activities and utilization review. An example of this would be billing your health insurance plan for your treatment.
- **HEALTH CARE OPERATIONS** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members who are directly involved in your care or who assist in taking care of you. We will use and disclose your PHI when we are required to do so by federal, state, or local law. We may disclose your PHI to public health authorities who are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PHI if requested by a law enforcement official for any circumstance required by law. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release PHI to organizations that handle organ, eye, or tissue procurements or transplantations, including organ donation banks, as necessary to facilitate organ or tissue donation or transplantation if you are an organ donor. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may disclose PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PHI for workers' compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your authorization will be needed before using or disclosing:

- PHI in a way that is not described in this notice.
- Psychotherapy notes.
- PHI for marketing purposes.

You have certain rights in regards to your PHI, which you can exercise by presenting a written request to our Privacy Officer at the address listed below:

- The right to request restrictions on certain uses and disclosures to PHI including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communication of PHI from us by alternative means or at alternative locations.
- The right to access, inspect, and copy your PHI.
- The right to request an amendment to your PHI.
- The right to receive an accounting of disclosures of PHI outside of treatment, payment, and health care operations.
- The right to obtain a paper copy of this notice from us upon request.
- **Rights to Restrict Disclosure When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.
- **Right to be Notified if There is a Breach of Your Unsecured PHI.** You have the right to be notified if: (a) there is a breach (a use of disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards, and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with the use of the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact our HIPAA Compliance Officer:

Dan Green, Ph.D.

New Life Resources, Inc., 20700 Watertown Road, Suite 102, Waukesha, WI 53186  
(262) 782-1474

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services  
Office of Civil Rights

200 Independence Avenue, S.W., Washington, D.C. 20201  
(877) 696-6775 (toll-free)