

Title: Notice of Privacy Practice

Effective Date: May 15, 2023

Name: _____



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.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present, or future physical or mental health condition, and related health-care services. We will not use or disclose PHI about you without your written authorization, except as described in this notice.

We are required to give you this notice about your privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect.

This notice took effect May 15, 2023 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. Any new notice of privacy practices or material changes will be effective for all PHI that we maintain at that time. Notification of revisions of this notice of privacy practices will be provided upon request, electronically via our website or via other electronic means, and as posted in our place of business.

Confidentiality of Substance Use Disorder Records

See, 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2

Pursuant to federal law and regulations, New Harbor Behavioral Healthcare must adhere to strict restrictions concerning the disclosure and use of substance use disorder patient records which are maintained in connection with the performance of its program. This means that generally New Harbor Behavioral Healthcare may not say to a person outside of its program that a client attends the program or disclose any information identifying a client as having or having had a substance use disorder unless it is permitted under the aforementioned federal laws and regulations. It is allowed under these laws and regulations when (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

In addition, these federal laws and regulations do not protect any information about a crime committed by a client either at this program or against any person who works for the program or about any threat to commit such a crime. Nor does the federal law and regulation protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Violation of these federal laws and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Uses and Disclosures of PHI Without Your Authorization

In compliance with all federal and state laws and regulations and with your consent, uses and disclosure of your PHI may be permitted, required or authorized as follows:

Communication within New Harbor Behavioral Healthcare or between New Harbor Behavioral Healthcare and an entity having direct administration over the program. We may use or disclose information between or among personnel at New Harbor Behavioral Healthcare having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of substance use disorder.

Business Associates/Qualified Service Organizations. We may disclose to a Business Associate or Qualified Service Organization that has contracted with New Harbor Behavioral Healthcare to perform services that may involve receipt, use or disclosure of your PHI.

Reports of suspected child abuse and neglect. We may disclose information required for reporting under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original substance use disorder patient record, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent or valid judicial order.

Crimes at New Harbor Behavioral Healthcare or against its program personnel. We may disclose information to law enforcement agencies or officials which are directly related to a patient's commission of a crime on the premises or against program personnel or to a threat to commit such a crime; and are limited to the circumstances of the incident, including the patient status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

Court Order. We may disclose information required by a court order, provided the appropriate regulatory requirements are met.

Emergency Situations. We may disclose information to medical personnel for the purpose of treating you in an emergency or to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research. We may use and disclose your information for research if certain requirements are met.

Audit and Evaluation Activities. We may disclose your information to qualified persons conducting certain audit and evaluation activities, such as government agencies, quality improvement organization, or third-party payers.

Reporting of Death. We may disclose your information under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Using and Disclosing PHI with Your Authorization

Except as stated above, you must give us written authorization to use your PHI or to disclose it to anyone for any purpose. This includes authorization for the purpose of treatment, payment and healthcare operations.

Subject to limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization.

If you give us an authorization, you may revoke it in writing at any time (except where required by Court-ordered services). Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

Statement of individual Rights

Right to Request Restrictions

You have the right to request restrictions or limitations on how we use and disclose your PHI for treatment, payment, and operations. We are not required to agree to restrictions for treatment, payment, and healthcare operations except in limited circumstances as described below. This request must be in writing. If we do agree to the restriction, we will comply with restriction going forward, unless you take affirmative steps to revoke it or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of termination.

Right to Confidential Communications

You have the right to request that we communicate with you about your PHI and health matters by alternative means or alternative locations. Your request must be made in writing and must specify the alternative means or location. We will accommodate all reasonable requests consistent with our duty to ensure that your PHI is appropriately protected.

Right of Access to Inspect and Copy

You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by New Harbor Behavioral Healthcare will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision made by the designated professional. If you are further denied, you have a right to have a denial reviewed by a licensed third-party healthcare professional (i.e. one not affiliated with us). We will comply with the decision made by the designated professional.

We may charge a reasonable (currently, \$1.00 per page), cost-based fee for the copying and/or mailing process of your request. As to PHI which may be maintained in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree (e.g. PDF). Your request may also include transmittal directions to another individual or entity.

Right to Amend

If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing and you must provide a reason to support the requested amendment. Under certain circumstances we may deny your request to amend, including but not limited to, when the PHI: 1. Was not created by us; 2. Is excluded from access and inspection under applicable law; or 3. Is accurate and complete. If we deny amendment, we will provide the rationale for denial to you in writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure. If we accept the amendment we will work with you to identify other healthcare stakeholders that require notification and provide the notification.

Right to Request an Accounting of Disclosures

We are required to create and maintain an accounting (list) of certain disclosures we make of your PHI. You have the right to request a copy of such an accounting during a time period specified by applicable law prior to the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing. We are not required by law to record certain types of disclosures (such as disclosures made pursuant to an authorization signed by you), and a listing of these disclosures will not be provided. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will notify you of the fee to be charged (if any) at the time of the request.

Right to Notice

You have the right to adequate notice of the uses and disclosures of your PHI, and our duties and responsibilities regarding same, as provided for herein. You have the right to request both a paper and electronic copy of this Notice. You may ask us to provide a copy of this Notice at any time. You may obtain this Notice on our website at www.newharborbh.com or from New Harbor Behavioral Healthcare team members.

Out-of-Pocket Payments

If you have paid out-of-pocket (or in other words, you or someone besides your health plan has paid for your care) in full for a specific item or service, you have the right to request that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law. This request must be made in writing.

Right to Notification of a Breach

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI.

Right to File a Complaint

You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to our Compliance Officer at the address listed below. We will not retaliate against you for filing a complaint.

Questions, Requests for Information, and Complaints

For questions, requests for information, more information about our privacy policy or concerns, please contact us. Our company compliance Officer can be contacted at:

New Harbor Behavioral Healthcare Compliance Officer
Eric Dyer

105 Eastern Avenue, Suite 216
Dedham, MA 02026
eric@newharborbh.com

Our company Compliance and Privacy Officer can be contacted at:

We support your right to privacy of your Protected Health Information. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you believe your rights have been violated and would like to submit a complaint directly to the U.S. Department of Health & Human Services, then you may submit a formal written complaint to the following address:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775
OCRMail@hhs.gov
www.hhs.gov

Patient & Parent/Guardian Signed Consent

I fully acknowledge and understand and agree to these policies and conditions.
A copy of this agreement is available upon request.

Client Name: _____
Client Signature: _____
Date:

Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Date: