



Notice of Privacy Practices

New Wings Counseling, LLC 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 READ IT CAREFULLY.

As a health care provider, we are required by law to maintain the privacy of your protected health information. We are also obligated by law to tell you how protected health information about you may be used and under what circumstances it may be disclosed.

Definition of Protected Health Information - We will use the following definition of Protected Health Information (PHI) in this notice. The definition was developed by the United States Department of Health and Human Services.

Protected Health Information (PHI) is any individually identifiable information about your past, present or future health or condition. PHI includes any information about the provision of health care services to you or the payment for any health care services. Protected health information includes written, spoken or electronically recorded information.

Routine use of your Protected Health Information - We will use your protected health information for routine treatment, payment, and health care operations purposes.

When you begin services here we will ask you to sign a consent form agreeing to receive services from us. By signing the consent form you are giving us your permission to use your PHI for routine treatment, payment or operations purposes.

An example of treatment use of your PHI would be if your clinician receives consultation from a supervisor.

An example of payment use of your PHI would be when we submit data about your care to a health insurer.

If you choose, you can be contacted by phone, email, or text message for appointment reminders. This is optional.





Your written permission is required for most other uses of your PHI - Even if you give us written permission to share your PHI with another person or organization, you can later revoke your authorization.

Circumstances where your permission to disclose PHI is not required:

- When required by law:
 - a.) We are required to report suspicion of child or elder abuse or neglect;
 - b.) We are required to report suspicion of criminal activity occurring on our premises or against a staff member;
 - c.) If a client communicates a threat to inflict imminent and serious physical harm to a person or structure we have a duty to protect the potential victim and may need to report to the police or warn the potential victim;
 - d.) We are required to comply with a court order.
- During a medical emergency we are permitted to disclose PHI without your consent; we will make an attempt to get your consent during or soon after the emergency.

9/23/14

