

PATIENT PRIVACY

At Newton Square Counseling Center (NSCC) your privacy is a priority. We follow strict federal and state guidelines to maintain the confidentiality of your protected health information (PHI).

PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) is any information about your past, present or future health care, or payment for that care that could be used to identify you. Under the Health Insurance Portability and Accountability Act (HIPAA) and state law we are required to maintain the privacy of your PHI and to provide you with this Notice of Privacy Rights and Practices

Employees and Business Associates may only access the minimum amount of protected health information that they need to complete their duties.

USE AND DISCLOSURE OF PHI

We use and disclose your protected health information to treat you, to obtain payment for services and to conduct normal business known as health operations. We may also share information with a contracted business associate who must meet our privacy requirements. Following are examples of how we use and disclose your information.

Treatment: We document each visit. This documentation may include your diagnoses, session notes, medications, correspondence or treatment planning which will allow your Clinician to provide the best care to meet your needs.

Payment: We document the services you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval, when we met or your progress.

Health Care Operations: Information is used to improve the services we provide, to train staff, for business management, performance improvement and customer service.

We may also use information to:

- Send appointment reminders
- Communicate with family or friends involved in your care **with your permission**
- Recommend alternative treatment
- Communicate with other business associates for payment, or health care operations.
- Tell you about health benefits and services.

There are additional times when we are permitted or required to use or disclose information without your written authorization or consent. These circumstances are listed below:

- In emergency situations
- To protect victims of abuse, neglect or domestic violence
- To advert serious threats to public health or safety
- If required by law
- For law enforcement if required by law
- For public health activities such as disease tracking
- For judicial or administrative proceedings
- To coroners, medical examiners and funeral directors
- To correctional institutions if you are an inmate
- To assist incommunicative patients
- For health oversight activities such as fraud investigations

Other uses and disclosures not previously described may only be done with your signed authorization, which may be revoked, in writing, at any time.

OUR RESPONSIBILITY

We are responsible by law to maintain the privacy of your medical information, provide this notice of our duties and privacy practices, and abide by the terms of the notice currently in effect. We reserve the right to change privacy practices and make new practices effective for all the information we maintain. Revised notices will be posted in our facility and will be available from your provider.

YOUR RIGHTS

You have the right to request in writing:

- Restrictions on how we use or disclose your medical information.
- Confidential communications to an alternative phone or address other than your home.
- Access to your medical information to review and obtain a copy, subject to federal and state law (fees may apply).
- An amendment to your medical information if you feel you or your health care provider needs to make additions or corrections.
- An accounting of disclosures of your medical information for purposes other than treatment, payment, and health care operation or made pursuant to an authorization.
- A paper copy of this Notice even if you have received it electronically.

CONTACT US

Contact the privacy officer if you have questions about this notice or if you would like to exercise your rights or if you feel your privacy rights have been violated.

Privacy Officer NSCC
338 Highland Street
Worcester, MA 01602
Tel: 508-752-5880

All complaints will be investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the secretary of health and human services in Washington, D.C.

AFFILIATES OF NSCC

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Each Affiliate is individually responsible for abiding by the privacy practices, and for resolving its own privacy complaints or violations.



Joint Notice of Information Practices

Effective: April 14, 2003

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.

This notice applies to all clinicians listed in this brochure.