

## **Brief Version: 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.**

This page is a brief summary of, but not a replacement for, our 4-page Notice of Privacy Practices that is offered to you when you begin services with New Passages. We strongly encourage all our clients to obtain, read and understand the entire Notice. Also, you may request and receive another copy at any time.

To Our Clients: Privacy is a very important concern for all those who come to this office. The Federal law titled the Health Insurance Portability and Accountability Act of 1996 explains your rights, and the responsibilities of New Passages to follow procedures that protect your privacy. While absolute privacy is not guaranteed under the law, we understand that your trust in us as your provider depends greatly on how we make sure that private information about you is used and shared only by those persons permitted to do so. If any privacy rules change, we will notify you.

1. In order to provide services to you, we must have your signed consent to be treated here and your permission to use your protected health information during treatment, to obtain payment for services you receive and to conduct routine business operations. We inform you of all of our billing and payment policies and ask that you consent to treatment according to these terms as well.
2. If there is a request to use or disclose your information for any other purpose or recipient not already covered by your Consent, we will request you to sign an authorization. You are not required to give permission, and you have a right to see what records would be disclosed, before signing any authorization to do so.
3. In most situations you may read your records and obtain a copy, although we may charge a fee. If you believe something in your record is incorrect or that something is missing, there is a procedure to fix the problem.
4. We will do our best to learn and follow your preferences for where you receive phone calls, mail and appointment reminders.
5. We explain to you when you can object to releasing information about you that we would legally be permitted to share. We will try to follow limits you request, unless it is against the law.
6. We inform you that the law permits or requires certain disclosures of your information without your permission. We must disclose information when there is a court order to do so. We must report evidence we learn of child abuse or neglect. We also must contact appropriate authorities if we believe you have become a danger to yourself or others. We may release information needed to determine eligibility for certain benefit programs or workers' compensation. We may need to reply to police inquiries during investigation of a crime, criminal or victim. Limited information may also be released to appropriate authorities during a national security incident or a public health study.
7. If you have questions about our privacy practices, they can usually be answered to your satisfaction by your therapist or psychologist, or by the Privacy Officer. If you believe your privacy rights have been violated, you have a right to file a written complaint with New Passages and with the Secretary of the US Department of Health and Human Services. We will not limit your care here nor take action against you for filing a complaint.

You may contact the Privacy Officer by phone at 717-234-3839; by mail at 3235 North Third Street, Harrisburg, PA 17110; or by e-mail at [passages@pa.net](mailto:passages@pa.net).

The effective date of this notice is: 8/13/08