

NOTICE OF PRIVACY PRACTICES

Balance CBT of New England, LLC
10 North Main Street Suite 303
West Hartford, CT 06107

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

Balance CBT of New England, LLC (also referred to as “this practice” in this document) is mandated to maintain the privacy of your psychological and medical information. This notice is to inform you about the uses and disclosures of your health information.

Balance CBT of New England, LLC is required to abide by the terms of this notice. The psychological and medical information maintained may come from any of the providers from whom you have received services. The psychological and medical information Balance CBT of New England, LLC records and maintains is known as Protected Health Information (PHI). This practice will not use or disclose your PHI without your permission, except as described in this notice.

Balance CBT of New England, LLC reserves the right to change its practices and to make the new provisions effective for all information maintained by this practice. Should this practice change its policies regarding psychological and medical information, this notice will be amended and a new notice will be made available to anyone upon request.

USES AND DISCLOSURES:

PHI may be used and disclosed in order to provide treatment, receive payment, and for general healthcare operations. Information may be disclosed by paper mail, fax, email, or other methods. The following list contains examples of these uses and disclosures. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

I may use your Protected Health Information for:

- **Treatment:** I may share information with others involved in your care, such as medical doctors or other treatment providers, in order to ensure appropriate coordination and management of your care.
- **Payment:** I may use your PHI in order to collect payments from third parties or from collection agencies, should you fail to provide payments.
- **Business Associates:** I may use or disclose your PHI with third party business associates that may perform various activities, such as billing, email accounts, electronic medical record, phone/fax, or legal services. Whenever such an arrangement exists in which PHI must be utilized, this practice will have a written contract that contains terms that will protect the privacy of your PHI. Upon request, Balance CBT of New England, LLC can provide a list of Business Associate Agreements.
- **Healthcare operations:** may use PHI in the general healthcare operations of this practice, such as ensuring proper administrative services.

Written authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing. The revocation of your authorization will have no effect on information that has already been disclosed.

Uses and disclosure without authorization:

PHI may be used and disclosed without authorization in the following instances, without your opportunity to object:

- Protection and safety: Balance CBT of New England, LLC may disclose PHI to avert serious threat to the health and safety of my client or others. As required by law this practice may make reports of suspected abuse or neglect of children, the elderly, and those not competent to care for themselves. In addition, this practice may disclose PHI for the protection of those in danger of harming themselves or others.
- Public health: Balance CBT of New England, LLC may disclose information as required by mandated reporting of disease, injury or vital statistics.
- As a response to a court order: Balance CBT of New England, LLC may disclose PHI as required by court subpoena. You will be informed in advance of such disclosure and all reasonable attempts will be taken to protect your information. (e.g., a judge orders specific portions of your record as a result of a legal matter).
- Health oversight: Your PHI may be used or disclosed if any health regulatory agency is investigating or inspecting my practice.
- Disclosures to Federal officials for protective services to the President or other governmental authorities

WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- You may request, in writing, that certain restrictions be placed on uses and disclosures of your Protected Health Information (PHI). Your request must contain the specific reasons for the restriction and to whom you want the restriction to apply. This practice is not required to follow such a request, but if this practice agrees then it must act accordingly.
- You have the right to receive reasonable confidential communication of PHI (e.g., contact you at a place of your choosing).
- You have the right to inspect and copy your medical record, by written request, with some exceptions. Balance CBT of New England, LLC reserves the right to deny the request, to which you may make a further appeal. [One exception to this includes personal psychotherapy notes, which are not subject to review. These notes are different from progress notes, which are part of your file and contain information regarding assessment, treatment times, diagnosis, functional status, treatment plan, symptoms, and treatment progress. A therapist's personal psychotherapy notes are kept separate from your file. They are for the provider's

sole use in recording and processing what has occurred during a treatment session.]

- You have the right to request an amendment of your medical record. Balance CBT of New England, LLC reserves the right to deny the request, to which you may make a further appeal. Your appeal will be noted in your record.
- Receive an accounting of disclosures of your PHI during the six years prior to your request.
- Receive a paper copy of this notice
- You will be notified promptly if there has been a breach that compromises the security of your information.

HOW YOU CAN REPORT A PROBLEM?

If you feel your privacy rights have been violated, you may file a complaint with:
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/>

There will be no retaliation for filing a complaint.