



**Health Insurance Portability Accountability Act (HIPAA)
Client Rights & Noël Wellness to Growth Psychotherapy LCSW PLLC Duties**

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that Noël Wellness LCSW Psychotherapy, PLLC (Noël Wellness) provide you with a Notice of Privacy Practices (NPP) for use and disclosure of PHI for treatment, payment, and health care operations. The NPP explains HIPAA and its application to your PHI in greater detail.

The law requires that Noël Wellness obtains your signature acknowledging that NOËL WELLNESS therapists has provided you with this NPP. If you have any questions, it is your right and obligation to ask so NOËL WELLNESS therapists can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless NOËL WELLNESS has acted in reliance on it.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, NOËL WELLNESS can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where NOËL WELLNESS is permitted or required to disclose information without either your consent or authorization. If such a situation arises, NOËL WELLNESS will limit disclosure to what is necessary. Reasons NOËL WELLNESS may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by therapist-patient privilege law. NOËL WELLNESS cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if NOËL WELLNESS receives a subpoena of which you have been properly notified and you have failed to inform NOËL WELLNESS that you oppose the subpoena. If you are involved in or



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contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order NOËL WELLNESS to disclose information.

2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, NOËL WELLNESS may be required to provide it for them.
3. If a patient files a complaint or lawsuit against NOËL WELLNESS, we may disclose relevant information regarding that patient to defend NOËL WELLNESS and its entities.
4. If a patient files a worker's compensation claim, and NOËL WELLNESS is providing necessary treatment related to that claim, your NOËL WELLNESS therapist **must**, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
5. NOËL WELLNESS may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. NOËL WELLNESS's business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which your NOËL WELLNESS therapist is legally obligated to take actions, which NOËL WELLNESS believes is necessary in attempt to protect others from harm, and NOËL WELLNESS may have to reveal some information about a patient's treatment:

1. If your NOËL WELLNESS therapist knows, or has reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that NOËL WELLNESS file a report with the New York and/or New Jersey Abuse Hotline. Once such a report is filed, NOËL WELLNESS may be required to provide additional information.
2. If your NOËL WELLNESS therapist knows or have reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that NOËL WELLNESS files a report with the New York and/or New Jersey Abuse Hotline. Once such a report is filed, NOËL WELLNESS may be required to provide additional information.
3. If NOËL WELLNESS believes that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the



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information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

For Treatment – Noël Wellness to Growth uses and discloses your health information internally throughout the course of your treatment. If YOU wish to provide information outside of our practice for your treatment by another health care provider, your NOËL WELLNESS therapist will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.

For Payment – NOËL WELLNESS may use and disclose your health information to obtain payment for services provided to you as delineated in the Informed Consent.

For Operations – NOËL WELLNESS may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality. NOËL WELLNESS may also use your information to tell you about services, educational activities, and programs that your NOËL WELLNESS therapist feel might be of interest to you.

Patient's Rights:

Right to Treatment – You have the right to ethical treatment without discrimination regardless of race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. NOËL WELLNESS will agree to such unless a law requires us to share that information.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, NOËL WELLNESS is **NOT** required to agree to a restriction you request.



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Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$.75 per page. Please make your request well in advance and allow 2 weeks to receive the copies. If NOËL WELLNESS refuses your request for access to your records, you have a right of review, which your NOËL WELLNESS therapist will discuss with you upon request.

Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You **MUST** make this request in writing. You must tell us the reasons you want to make these changes, and the NOËL WELLNESS admin team, which includes your NOËL WELLNESS therapist, will decide if it is appropriate. If this request is denied you will receive correspondence with an explanation as to why you received the denial, within 60 days.

Right to a Copy of This Notice – If you received the paperwork electronically, you have a copy in your patient portal. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time.

Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, your NOËL WELLNESS therapist or NOËL WELLNESS admin will discuss with you the details of the accounting process.

Right to Choose Someone to Act for You – If someone is your legal guardian, that person can exercise your rights and make choices about your health information. The NOËL WELLNESS admin team will make sure the person has this authority and can act for you before NOËL WELLNESS takes any action.

Right to Choose – You have the right to decide not to receive services with your assigned NOËL WELLNESS therapist or with any NOËL WELLNESS providers. If you wish, the NOËL WELLNESS admin team will provide you with names of other qualified professionals, within the organization or outside of NOËL WELLNESS.



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Right to Terminate – You have the right to terminate therapeutic services with NOËL WELLNESS at any time without any legal or financial obligations other than those already accrued. NOËL WELLNESS asks that you discuss your decision with your NOËL WELLNESS therapist in session or the NOËL WELLNESS administrative team, via email or phone, before terminating services.

Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, with your NOËL WELLNESS therapist, you will discuss whether or not releasing the information in question to that person or agency might be harmful to you.

NOËL WELLNESS's Duties:

NOËL WELLNESS is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. NOËL WELLNESS reserves the right to change the privacy policies and practices described in this notice. Unless NOËL WELLNESS notifies you of such changes, however, NOËL WELLNESS is required to abide by the terms currently in effect. If NOËL WELLNESS revises any policies and procedures, we will provide you with a revised notice in office during our session, telehealth session and the patient portal in Sessions Health.

COMPLAINTS

If you are concerned that NOËL WELLNESS has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact your NOËL WELLNESS therapist, the administrative team, the State of New York or New Jersey Department of Health, or the Secretary of the U.S. Department of Health and Human Services.

You may find more information, at the [Department of Health & Human Services](#).