

Clarity Counseling Associates
1D Commons Drive, Unit 23
Londonderry, NH 03053
Ph: 603-425-7600 Fax: 603-425-7605

JOINT NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION**

PLEASE REVIEW THIS NOTICE CAREFULLY.

When we refer to “you” or “your” in this Notice we refer to the person or persons receiving the services provided by Clarity Counseling Associates. When we refer to disclosures of information to “you”, we mean disclosures to adults or children, the parent of the children, guardian or other person legally authorized to receive information about the person or persons receiving services from Clarity Counseling Associates.

This Notice applies to all **Protected Health Information (PHI)** maintained by Clarity Counseling Associates.

Each time you receive services from Clarity Counseling Associates, a record of the services provided is created. Typically this record could contain information about the type of service you have received, the dates of service, and the results of the service provided. At times this will include the reason you have come to Clarity Counseling Associates for service and the agreed upon goals of the service provided.

This Notice applies to all the records containing PHI created as a result of services provided by Clarity Counseling Associates.

Our Pledge to Protect Your Health Information: We are required by law to maintain the privacy of your PHI and provide you with a description of our privacy practices. We will abide by the terms of this Notice.

How We May Use and Share Your Health Information with Others

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. For example, a worker or therapist may use PHI about you or your child from a clinical record to determine which treatment option, such as family or individual therapy, best addresses your

needs. Your therapist may discuss information found in your record with our consultants, a colleague, or their supervisor to assist in treatment planning for you or your child.

For Payment: We may use and disclose PHI to send bills and collect payment from you, your insurance company, or other payers, such as governmental agencies, for treatment or other related services you receive from Clarity Counseling Associates, so Clarity Counseling Associates can receive payment for the treatment services provided to you. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing and sending claims to your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations: We may disclose PHI about you for business operations of Clarity Counseling Associates. These uses and disclosures are necessary for Clarity Counseling Associates to provide quality care and cost-effective services. The operations where we may need to disclose PHI includes, but is not limited to, quality assessment activities, employee review activities, and licensing activities. For example, we may share your PHI with third parties that perform various business activities (such as billing or typing services). We will require these third parties to have a contract with us that require them to safeguard the privacy of your PHI. Quality assessment activities may include evaluating the performance of your therapist or examining the effectiveness of treatment provided to you when compared to patients in similar situations.

Appointments: We may use your PHI for the purpose of sending to you appointment reminders through the mail or by telephone. Messages left for you will not contain specific health information.

Required or Permitted by Law: Clarity Counseling Associates is required by law to disclose your PHI in certain circumstances:

- For public health oversight activities
- To facilitate the functions of federal or state governmental agencies
- To report suspected elder or child abuse to law enforcement agencies responsible to investigate or prosecute abuse
- In response to a failed court order
- To the Department of Health and Family Services, a protection or advocacy agency, or law enforcement authorities investigating abuse, neglect, physical injury, death or violent crimes
- To your court-appointed guardian or an agent appointed by you under a health care power of attorney
- Prison officials if you are in custody
- Worker's Compensation officials if your condition is work-related
- If necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

When sharing PHI with others outside of Clarity Counseling Associates we share only what is reasonably necessary unless we are sharing PHI to help treat you, in response to your written permission, or as the law requires. In these cases, we share the entire PHI that you or the law requires.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your PHI we maintain.

Right to Request Restrictions: You have the right to request certain restrictions of use and disclosure of your PHI by Clarity Counseling Associates for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. Clarity Counseling Associates is not required to agree to restrict the use and disclosure of your PHI. A request for restriction must be made in writing.

Right to an Accounting of Disclosures: You have a right to request an accounting for disclosures. This is a list of those people with whom Clarity Counseling Associates may have shared your PHI, with the exception of information shared for purposes of treatment, payment or health care operations or when you have provided us with an authorization to do so. We may charge you a reasonable fee if you request more than one accounting for disclosures in any 12-month period. The request cannot include any disclosures made before April 14, 2003. Requests for an accounting of disclosures should be made by submitting a written letter requesting an accounting of disclosures. We will respond to your request within 90 days after you submit the request.

Right to Request Confidential Communications: You have the right to ask that we communicate your PHI to you in a certain way or a certain location. For example, you can request that we contact you only at work or by mail. We will accommodate reasonable requests.

Right to Revoke Authorization: Uses and disclosures of PHI not covered by this Notice or the laws that apply to Clarity Counseling Associates will be made only with your authorization. If you authorize Clarity Counseling Associates to use or disclose your PHI, you may revoke that authorization in writing at any time. We are unable to reverse any disclosures we have made previously with your authorization. To revoke authorizations please submit a written request to your therapist.

*Clarity Counseling Associates reserves the right to revise or change this Notice.
Revised: March 29, 2013*