

Collaborative Therapy Network

409 Main Street

Chester, NJ 07930

This notice went into effect on 1/1/2022

NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE REGARDING HEALTH INFORMATION:

At Collaborative Therapy Network, we understand that health information about you and your health care is personal. We are committed to protecting health information about you. Your clinician will create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations your clinicians have regarding the use and disclosure of your health information. All providers are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- This practice can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, and on our website.

HOW COLLABORATIVE THERAPY NETWORK MAY USE AND DISCLOSE

HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that we use and disclose health information.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. Your clinician may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your

condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Legal Disputes Policy: In the event that you are involved in a legal dispute, it may become necessary for your clinician to disclose certain health information in response to a legal subpoena issued by a judge. In all such cases, this practice will make every effort to Inform you about the request for your health information as promptly as possible. It is this practice’s priority to ensure that your privacy is respected and protected to the fullest extent possible under the law, while also complying with legal requirements. This practice encourages you to discuss any concerns you may have about this policy with your clinician.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- 1. Psychotherapy Notes.** Some Clinicians at the practice may or may not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: (a) For use in treating you. (b) For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. (c) For use in defending clinicians in legal proceedings instituted by you. (d) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. (e) Required by law and the use or disclosure is limited to the requirements of such law. (f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. (g) Required by a coroner who is performing duties authorized by law. (h) Required to help avert a serious threat to the health and safety of others.
- 2. Marketing Purposes.** As a psychotherapists, we will not use or disclose your PHI for marketing purposes.
- 3. Sale of PHI.** As psychotherapists, we will not sell your PHI in the regular course of our business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- **Treatment:** Your PHI can be used and disclosed for the purposes of providing, coordinating, or managing your health care treatment and any related services. This includes coordination or management of your health care with a third party, consultation

between health care providers relating to your care, or the referral of your care to another health care provider. For example, your PHI may be shared with other professionals who are treating you.

- **Payment:** Your PHI can be used and disclosed to bill and receive payment for the treatment and services provided to you. For example, we may share portions of your PHI with your health insurance company to get approval for a session or to determine eligibility or coverage for insurance benefits.
- **Healthcare Operations:** Your PHI can be used and disclosed as necessary for healthcare operations, such as conducting quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
- **Required by Law:** Your PHI may be used or disclosed if required by law. This may include legal processes and law enforcement purposes, such as complying with court orders or legal mandates.
- **Public Health Activities:** Your PHI may be disclosed for public health activities, including the prevention or control of disease, injury, or disability, reporting births and deaths, reporting child abuse or neglect, or reporting reactions to medications or problems with products.
- **Health Oversight Activities:** Your PHI may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions, or for the necessary oversight of the health care system, government benefit programs, and compliance with regulatory programs and civil rights laws.
- **To Avert a Serious Threat to Health or Safety:** Your PHI may be used and disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or pertaining to the victim of a crime.
- **Research:** Under certain circumstances, we may disclose your PHI for research purposes, subject to the specific provisions that ensure the privacy of your PHI.
- **For workers' compensation purposes.** Although my preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- **Appointment reminders and health-related benefits or services.** we may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may

also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that we offer.

- We may use and disclose your PHI for consultation purposes or during clinical meetings held to facilitate case management, clinical supervision and care coordination. This may occur when discussing your case with other health professionals to ensure comprehensive and integrated care. All efforts are made to avoid the use of your name and other directly identifying information. Only the minimum necessary information will be shared during these discussions. These consultations and meetings are conducted under strict confidentiality to protect your privacy. Participants in such meetings are trained on the importance of maintaining patient confidentiality and are bound by our privacy policies to ensure that information disclosed during these meetings is used solely for the intended purposes of improving care and treatment outcomes.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask your clinician not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your clinician is not required to agree to your request, If they believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send via mail and your clinician will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. (Other than “psychotherapy notes”). We are required to keep appropriate records of the psychological services that we provide. You have the right to inspect your records or request a treatment summary. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, we recommend that you initially review them with your clinician.

The Right to Obtain Copies of Your Records. You also have the right to request that a copy of your file be made available to any other healthcare provider at your written request or by calling our Admin Manager at 908-409-3228. Upon receiving your written request for a file summary

and/or other documentation, we will provide the summary or copies of the documentation within 30 days. This timeline allows for the necessary gathering and review of information to ensure accuracy. Please be aware that there may be costs associated with providing such records. These costs can include administrative fees, copying fees, and any applicable postage or delivery charges. The specific fees will be discussed with you prior to fulfilling your request. You are responsible for any costs incurred for the file summary.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.