New Day Recovery Counseling PLLC Privacy Policy

This notice describes how information about you may be used and disclosed by New Day Recovery Counseling PLLC (referred to in this notice as "the agency") and how you can get access to this information.

Privacy and Confidentiality Obligations:

We are required by law to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health (referred to in this notice as "information") and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. When we use or disclose this information, we are required to abide by the terms of this notice.

Federal Protections:

42 CFR Part 2: Protects your information if you are applying for or receiving services for a substance use disorder. Generally, if you are applying for or receiving services for substance use disorder, we may not acknowledge to a person outside the program that you attend the program except under certain circumstances that are listed in this notice.

45 CFR Parts 160 and 164 (HIPAA): Protects your information whether or not you are applying for or receiving services for substance use disorder.

Uses and Disclosures WITH Your Authorization: All Protected Health Information:

Generally, we may use or disclose your information when you give your authorization to do so in writing on a form (Release of Information) that specifically meets the requirements of laws and regulations that apply. Please be aware that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.

You may revoke your authorization except to the extent that we have already acted upon the authorization. If you would like to revoke an authorization, you must notify the Privacy Officer in writing.

Uses and Disclosures WITHOUT Your Authorization: All Protected Health Information:

Even when you have not given your written authorization, we may use and disclose information under the circumstances listed below.

Treatment: We may use or disclose your information for treatment purposes between staff within the agency.

Health Care Operations: We may use or disclose your information for the purposes of health care operations that include internal administration, financial management and various activities that improve the quality and effectiveness of care. For example, we may use information about your care to evaluate the quality of care and treatment outcomes. We may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or program evaluation; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose patient identities in any manner. We may also disclose your information to a vendor which provides services to the agency under a qualified service organization agreement and/or business associate agreement, in which they agree to abide by applicable federal law and related regulations (42 CFR Part 2 and HIPAA). This list of examples is for illustration only and is not an exclusive list of all the potential uses and disclosures that may be made for health care operations.

Appointment Reminders: We may contact you to send you reminder notices of future appointments for your treatment.

Medical Emergencies: We may disclose your information to medical personnel to the extent necessary to provide care in the event of a medical emergency (as defined by 42 CFR Part 2), this information might include HIV status, if applicable.

Incompetent and Deceased Patients: In such cases, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with 42 CFR Part 2.

Decedents: We may information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.

Judicial and Administrative Proceedings: We may disclose your information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2 concerning Confidentiality of Substance Use Disorder Patient Records.

Commission of a Crime on Premises or against Program Personnel: We may disclose your information to the police or other law enforcement officials if you commit a crime on the premises or against program personnel or threaten to commit such a crime.

Child Abuse/Vulnerable Adult Abuse: We may disclose your information for the purpose of reporting child abuse and neglect as well as Vulnerable Adult/Elder abuse and neglect, to public health authorities or other government authorities authorized by law to receive such reports.

Duty to Warn: Where the agency learns a client has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, the agency will carefully consider appropriate options that would permit disclosure.
Audit and Evaluation Activities: We may disclose information to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies.

Your Individual Rights:
Right to Receive Confidential Communications: Normally we will communicate with you through the phone number and /or address you provide. You may request, and we will accommodate, any reasonable, written request for you to receive your information by alternative means of communication or at alternative locations.
Right to Request Restrictions: At your request, we will not disclose information to your health plan if the disclosure is for payment of a health care item or service for which you have paid the agency out of pocket in full. You may request additional restrictions on our use and disclosure of information for treatment, payment, and health care operations. While we will consider requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please request this in writing. We will send you a written response.
Right to Inspect and Copy Your Health Information: You may request access to your clinical file maintained by us to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records.
Right to Amend Your Records: You have the right to request we amend information maintained in your clinical file or billing records. If you desire to amend your records, please contact your counselor. Under certain circumstances, we have the right to deny your request to amend your records and will notify you of this denial. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When we "amend," a record, we may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical record.
Right to Receive an Accounting of Disclosures: Upon request, you may obtain a list of instances when we have disclosed your information other than when you gave written authorization OR those related to your treatment and payment for services, OR our health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be told the cost prior to the request being filled.
Right to Receive Notification of Breach: You will be notified in the event we discover a breach has occurred such that your information may have been compromised. A risk analysis will be conducted to determine the probability that information has been compromised. Notification will be made no more than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.
Right to Receive a Paper Copy of This Notice: Upon request, you may obtain a paper copy of this notice.

For Further Information and Complaints:
If you desire further information about your privacy and confidentiality rights, you may contact Miranda Combs, LCAC, Owner/Privacy Officer at (701) 299-3552. You may call this number if you are concerned that we have violated your privacy rights, if you disagree with a decision that we made about access to your protected health information, or if you wish to complain about our breach notification process.
You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address. We will not retaliate against you if you file a complaint.
Violation of federal law and regulations on Confidentiality of Substance Use Disorder Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney in the district where the violation occurs. Upon request, we will provide you with the appropriate agency contact information.

Right to Change Terms of This Notice:
We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective to all information we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in public access areas at our service site. You may also obtain any new notice by contacting New Day Recovery Counseling PLLC.

Effective Date:
This notice is effective on October 10, 2022.