



## NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY

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

Nova Recovery LLC is bound by federal confidentiality laws (42 CFR Part 2; 45 CFR Parts 160 and 164, Subparts A and E; and the Health Insurance Portability and Accountability Act of 1996). Your healthcare records are Protected Health Information (PHI) about you and your health. These laws protect the confidentiality of this information. PHI is information about you, including demographic information that may identify you as a client. This information relates to your past, present and future physical or mental health or condition and related healthcare services.

As part of our normal business, there are meetings or other events held at Nova Recovery LLC resulting in visitation from individuals such as former clients, family members, friends, etc. All visitors are required to sign in and, by doing so, are verifying that they understand the confidentiality of our clients should be protected.

### **How We May Use and Disclose Health Information about You:**

**For Treatment:** Your health information may be used and disclosed to provide you with treatment services. With your authorization, we may use and disclose your health information as part of a referral to a specialist physician or for other treatment related services if necessary. Your authorization is not required in a medical emergency; however, the information released will be limited to only that which is necessary for the emergency services being rendered.

**For Payment:** Your health information may be used and disclosed with your authorization to receive payment for the treatment services provided, such as sending billing information to a health insurance plan, or guarantor.

**For Healthcare Operations:** Your health information may be used and disclosed for administrative purposes in order to evaluate the quality of care that you receive through audits and/or on-site inspections by licensing and accrediting entities or through our normal course of business with other entities with whom we have a Business Associate Agreement. These agreements are put in place to help protect your PHI from further disclosure and to specify that they are responsible for the security of that information.

**Without Authorization:** Your health information may be used or disclosed without your authorization for several other reasons, subject to certain requirements: for abuse or neglect reporting, auditing purposes, by court order, and in medical emergencies. We provide information when required by law, such as for law enforcement if you commit a crime on program premises or against program personnel.

**With Authorization:** We will ask for your written authorization before using or disclosing any identifiable health information about you in any other situation than listed above. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

### **Your Rights Regarding Your PHI:**

You have the following rights regarding the PHI we maintain about you:

- **Right to Access, Inspect and Copy.** You have the right to look at, which may be restricted under certain circumstances, your health information used to make decisions about you and your care. This is usually done in the presence of the physician or your counselor. You have the right to a copy of your records. If you are a current client and wish to receive a copy of your record, you will need to do so in writing with a staff member, for example, your counselor. Your record will be forwarded to you within three weeks of discharge. We may charge a reasonable cost-based fee for copies.
- **Right to Amend.** You have the right to request that we amend the information if you feel information in your record is incorrect or if important information is missing. We are not required to agree to the amendment. The request for amendment needs to be in writing.  
Please contact the Clinical Director listed below.
- **Right to an Accounting of Disclosures.** You have the right to request in writing an accounting of the disclosures we make of your PHI for reasons other than treatment, payment or healthcare operations.

**Client Receives Copy**

- **Right to Request Restrictions.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You have the right to request in writing a restriction or limitation on the use of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request.
- **Right to a Copy of This Notice.** You have a right to a copy of this notice.
- **Complaints.** You have the right to file a complaint in writing to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. The person listed below can provide you with the appropriate address upon request. We will not retaliate against you for filing a complaint.

**Our Legal Duty** - We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices described in this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions about this Notice of Privacy Practices, please contact:

Clinical Director  
 Nova Recovery LLC  
 601 Old Oaks Ranch Road, Wimberley, TX 78676  
 512-858-9620

Please provide your name, address and the nature of your question or concern. We will report the outcome of our inquiry to you.

**Further Clarification on Uses and Disclosures That Do Not Require Your Authorization**

**Consistent with State Law.** Your health information may be used or disclosed to the extent required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the of the Privacy Rule.

**Child Abuse or Neglect.** Your health information may be disclosed to a state or local agency that is authorized by law to receive reports of child abuse or neglect; however, the information disclosed is limited to information which is necessary to make the initial mandated report.

**Health Oversight.** Your health information may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control.

**Medical Emergencies.** Your health information may be disclosed in a medical emergency situation to medical personnel only. The information will be limited which is needed to provide you with the emergency services.

**Deceased Clients.** Your health information may be disclosed for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

**Criminal Activity on the Program Premises/Against Program Personnel.** Your health information may be disclosed to law enforcement officials if you have committed a crime on program premises or against program personnel.

**Court Order.** Your health information may be disclosed if the court issues an appropriate order and follows required procedures. Your PHI will also be released to our Corporate Attorney.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Receives Copy**