



NewsomePsychologicalServices, Inc.

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We at Newsome Psychological Service, Inc. care about our patients' privacy and are dedicated to maintaining the privacy of your medical/protected health information at this practice. We are required by law to issue this official notice of our privacy practices. You have the right to the confidentiality of your medical and health information ("Protected Health Information" or "PHI"), and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the Privacy Office, Dr. Hulon Newsome.

HOW WE MAY USE YOUR HEALTH INFORMATION

Any health care professional authorized to enter information into your medical/PHI record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g., billing service), sites and locations of this practice may share medical/protected health information with each other for treatment, payment purposes, or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared. We may use and disclose information without your authorization for the following purposes:

For Treatment: We may use medical/protected health information about you to provide you with medical treatment or services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Payment: We may use and disclose medical/protected health information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use and disclose medical/protected health information in order to manage our business, improve your care, and contact you when necessary.

For Other Uses or Disclosures That Can Be Made Without Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to the health or safety of a person or the public, for example imminent risk of harm to self or other
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Uses and disclosures required by law
- Uses and disclosure in domestic violence or neglect situations
- Health and oversight activities
- Other public health activities

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization: Other uses and disclosures of medical/protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical/protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical/protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provide you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to file a complaint: You may file a complaint with the Privacy Officer at this practice or with the Department of Health and Human Services or the New Jersey Division of Consumer Affairs if you believe your privacy rights have been violated. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Right to See and Copy Your Records: You have the right to see and copy medical/protected health information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes; information compiled for use in a civil, criminal, or administrative action proceeding; and protected health information to which access is prohibited by law. You must make your request in writing to the Privacy Officer. You may be charged a fee for the cost of copying, mailing, or other supplies associated with your request.

Right to Correct or Update Your Records: You may ask us to correct your health information if you feel there is something incorrect or incomplete. You must make your request in writing to the Privacy Officer and provide a reason for your need to correct the information.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical/protected health information we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care or the payment for your care. You must submit your request in writing to the Privacy Officer and tell us what information you want to limit. If we agree, we will comply with the request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request how we should send communications to you about medical/health matters and where you would like those communications sent. To request confidential communications, you must make your request in writing to the Privacy Officer. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Right to a List of Disclosures: You have the right to request a list of the disclosures we made of medical/protected health information about you, not including information shared for treatment, payment, or health operation purposes. You must submit your request in writing to the Privacy Officer and include the time period for which you want to receive a list of disclosures. Requests must not include dates before April 14, 2003, nor be for longer than six years. We will provide one accounting a year free of charge but may charge you for the cost of providing additional lists within the same 12 month time period.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your protected health information.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper of the current Notice, please request one in writing from the Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changes Notice effective for medical/protected health information we already have about you as well as any information we received in the future. We will post a copy of the current Notice with the effective date.

WRITTEN REQUESTS MAY BE SUBMITTED TO US AT:

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Attn.: Privacy Officer