



HIPAA Notice of Privacy Practices

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your Protected Health Information ("PHI") means any written and verbal health information about you, including demographic data that can be used to identify you and/or information that is created or received by your health care provider, and which may related to your past, present, or future physical and mental health condition. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes policies with respect to maintaining the confidentiality of PHI and how you can access and control your PHI in some cases. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this HIPAA Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail or you can request it at time of visit with ESSEX COUNSELING CENTER, LLC. Any questions feel free to call the office 973-295-0999.

USE & DISCLOSURE OF PHI FOR THE PURPOSE OF PROVIDING SERVICES

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. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your written permission. With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time.

Other Uses & Disclosures Without Your Consent. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse, neglect, or abandonment; the reporting of the abuse, neglect, or exploitation of an elderly or disabled person; or mandatory government agency audits or investigations (such as the Social Work licensing board or the health department)



- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- 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 the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to ESSEX COUNSELING CENTER, LLC, 830 Morris Turnpike, Suite 405, Short Hills, NJ 07078.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. This right includes medical records and billing records but does not include psychotherapy notes. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. Amendment request must be made in writing. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request if we feel it is in your best interest to permit, use and disclose your PHI. You have the right to use another mental healthcare professional.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with ESSEX COUNSELING, LLC or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

The effective date of this Notice is January 1, 2024



HIPAA Notice of Privacy Practices Receipt and Acknowledgment of Notice

Client Name

Date of Birth

I hereby acknowledge that I have received and have been given an opportunity to read a copy of ESSEX COUNSELING CENTER, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact ESSEX COUNSELING CENTER, LLC at the above contact address.

Signature of Client

16 years or older

Date

Signature Parent/Legal Guardian (if applicable)

Date

☐ Client Refuses to Acknowledge Receipt:

Therapist Name

Date

Signature of Therapist