



## HIPAA Notice of Privacy Practices

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**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.**

EFFECTIVE DATE: January 1, 2023

This Notice describes how New Perceptions, Inc. and its licensed clinical professional counselor (LCPC) and licensed clinical mental health counselor (LCMHC) provider(s) (collectively, for purposes of this Notice, “New Perceptions”) may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

**“Protected health information” or “PHI”** is individually identifiable health information about you, including demographic information collected from you, that is created or received by New Perceptions and that relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of health care to you, or (iii) the past, present or future payment of your health care. PHI also includes any health information and records provided to New Perceptions by other health care providers and facilities who have provided care to you or are involved in your care.

### **Our Duties With Respect to Your Protected Health Information**

New Perceptions is required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI. Although New Perceptions is required to abide by the terms of the Notice that is currently in effect, we reserve the right to change our privacy practices at any time and to make the new Notice provisions effective for all PHI that we maintain about you. If our privacy practices change, we will provide you with a revised Notice during your next visit.

### **Authorized Uses and Disclosures of Your Protected Health Information**

New Perceptions may use and disclose your PHI to persons within our office and to persons or entities outside of our office for certain purposes related to treatment, payment, and health care operations as follows:

- *For Treatment, Care Management and Coordination of Care Purposes:* New Perceptions may use your PHI internally for treatment-related purposes, such as to provide counseling, therapy, treatment and health care services to you, and to coordinate and manage the health care treatment and services we provide to you. This includes consultation with clinical supervisors or other team members regarding your care. In an emergency, we may disclose your PHI to other health care

practitioners, facilities or consultants outside of our office for diagnosis, treatment or care, or to complete the responsibilities of such persons or entities that provided diagnosis, treatment or care to you. However, if we disclose your PHI to a health care practitioner or health care facility outside of our office, or to a payor or person engaged in payment for health care, for purposes of care management or coordination of care, we will make a reasonable effort to notify you of such disclosure.

- *For Payment Purposes:* New Perceptions may use your PHI internally for payment-related purposes, including to obtain payment for services rendered to you. Additionally, New Perceptions may disclose your PHI to health insurance companies or other third-party payors for payment purposes, including to determine your eligibility for coverage or benefits or to obtain reimbursement for services provided to you, unless you pay in full out of pocket for services provided to you and request in writing that your PHI not be disclosed to third-party payors. If it becomes necessary for us to pursue a collection against you for your failure to pay for services provided to you, we may disclose your PHI to New Perceptions or its provider's legal counsel and to outside collection agencies acting as business associates of New Perceptions and/or a New Perceptions provider for purposes of such collection activities.
- *For Health Care Operations Purposes:* New Perceptions may use or disclose your PHI for certain health care operations purposes, such as quality review and improvement activities and risk management activities.

New Perceptions may also use and disclose your PHI without your authorization in the following additional circumstances:

- *Personal or Authorized Representatives:* New Perceptions may disclose your PHI to a personal or authorized representative, such as your health care power of attorney agent, guardian, or health care surrogate—or, in the case of a minor who has not consented to health care treatment in accordance with federal and state law, the minor's parent, legal guardian, guardian ad litem or surrogate—who is authorized by law to make health care decisions on your behalf when you lack the capacity to make your own health care decisions.
- *Uses and Disclosures to Persons Involved in Your Care and for Notification Purposes:* New Perceptions may disclose your PHI to family members, relatives, or close personal friends involved in your care, involved in securing payment for your care, or for notification purposes if such disclosure is directly relevant to such persons' involvement, unless you or your personal representative notify us that you object to and wish to prohibit or restrict such disclosures. If you are present or otherwise available when such disclosure is to occur, we will not disclose your PHI to such persons unless we obtain your agreement, or if you are provided the opportunity to object and you do not express an objection, or if we reasonably infer from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure. If you are not present or afforded the opportunity to agree or object, we will only disclose your PHI to such persons if we determine, in the exercise of professional judgment, that such disclosure is in your best interests.
- *Public Health Activities:* New Perceptions may use and disclose your PHI to public health authorities for public health activities.
- *Child and Dependent or Incapacitated Adult Abuse, Neglect, and Exploitation Reporting:* New Perceptions may disclose your PHI to government authorities, such as Child Protective Services or Adult Protective Services, that are authorized by law to receive reports of actual or suspected cases of abuse, neglect, or exploitation of children and incapacitated or dependent adults.
- *Victims of Abuse, Neglect, Domestic Violence, or Sexual Assault Reporting:* If New Perceptions reasonably believes that you are a victim of abuse, neglect, domestic violence or sexual assault, New Perceptions may, in certain circumstances, disclose your PHI to a federal, state or local

government authority, including a social service or protective services agency, authorized by law to receive such reports, e.g., if New Perceptions believes the disclosure is necessary to prevent serious harm to you or other potential victims.

- Uses and Disclosures to Avert Threats of Harm or Safety: New Perceptions may use and disclose your PHI when necessary to prevent or lessen a direct threat of serious, imminent harm to health or safety.
- Law Enforcement Purposes: New Perceptions may disclose your PHI, so long as applicable legal requirements are met, for certain law enforcement purposes such as to report crimes committed on New Perceptions's premises, or crimes committed against New Perceptions's personnel.
- Judicial and Administrative Proceedings: New Perceptions may disclose your PHI in judicial or administrative proceedings when required or authorized by law, for example, in response to an order of a court or pursuant to a subpoena served by a governmental entity authorized by law to have access to your PHI.
- Health Oversight Activities: New Perceptions may use and disclose your PHI to a health oversight agency for activities authorized by law such as compliance with health oversight audits, investigations, licensure surveys and inspections, and complaint investigations. Oversight agencies authorized to receive your PHI include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs, including Maine or New Hampshire health care professional licensing boards.
- Workers' Compensation: New Perceptions may disclose your PHI when authorized by, and to comply with, laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- Business Associates: New Perceptions may disclose your PHI to business associate contractors performing services for or on behalf of New Perceptions when such contractors (i) require your PHI to perform such contracted services for New Perceptions, and (ii) have agreed in writing to appropriately protect your PHI.
- When Otherwise Required or Authorized by Law: New Perceptions may also use and disclose your PHI for other purposes when required or authorized by applicable state and federal law.

### **Uses and Disclosures of Protected Health Information Requiring Your Authorization**

Written Authorization: For other types of uses and disclosures not described in this Notice of Privacy Practices, New Perceptions will obtain your written authorization before using or disclosing your PHI. For example, the following uses and disclosures require us to obtain your written authorization:

- Disclosures of Mental Health Information to Outside Health Care Practitioners or Facilities in a Non-Emergency: Unless you provide us your written authorization, New Perceptions will not disclose PHI derived from mental health services provided to you by a New Perceptions provider, to another health care practitioner or facility outside of our office for diagnosis, treatment or care purposes in a non-emergency. However, such disclosures may be made in an emergency.
- Disclosures of Psychotherapy Notes: New Perceptions will obtain your written authorization to use or disclose your psychotherapy notes unless an exception to the authorization requirement applies

under applicable law (specifically, 45 C.F.R. §164.508(a)(2)(i)-(ii) of the HIPAA Privacy Standards). “Psychotherapy notes” are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of a client’s individual medical record. Psychotherapy notes do not include counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summaries of a client’s diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

- **Disclosures for Marketing Purposes:** New Perceptions will obtain your written authorization for any use or disclosure of your PHI to sell or market products or services, except in limited circumstances where marketing is permitted by applicable law (for example, in face-to-face marketing communications with you).
- **Sale of PHI:** New Perceptions will obtain your written authorization for any disclosure of your PHI that involves a sale of your PHI, unless an exception applies under applicable law.
- **Photographs and Video recordings:** New Perceptions will not photograph or videorecord you, or use or disclose any photographs and video recordings of you, for purposes unrelated to treatment, or for marketing or public relations purposes, without your written authorization, unless the creation, use or disclosure of such photographs or video recordings is authorized by law (e.g., for New Perceptions facility security surveillance purposes).

**Right to Revoke Authorization:** You may revoke an authorization to disclose your PHI at any time to the extent that New Perceptions or others have not already relied upon your authorization, by giving written notice of your revocation to New Perceptions’s Amy Davenport Dakin, LCPC, LCMHC.

### **Special Protections for Certain Types of Especially Sensitive Protected Health Information**

**Confidentiality of Mental Health Information:** New Perceptions will not disclose information about you derived from mental health services provided to you by a New Perceptions counseling professional to another health practitioner or facility outside of New Perceptions or its organizational affiliates for a diagnostic, treatment or continuity of care purpose, without your written authorization, unless such disclosure is necessary in an emergency or is otherwise authorized or required by law.

**Confidentiality of HIV Information:** If New Perceptions maintains any information regarding your HIV status (such as HIV test results or medical records containing HIV information), such information is afforded heightened protection under State laws and New Perceptions will maintain the confidentiality and privacy of such information, and will not use or disclose such information, except as specifically authorized or required by Maine’s or New Hampshire’s HIV confidentiality laws.

### **Your Rights with Respect to Protected Health Information**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- **Right to Access, Inspect and Copy Your PHI.** You have the right to inspect and obtain a copy of your PHI within 30 days of a written request. In certain limited circumstances we may deny you access to your PHI and records. However, if a decision is made by New Perceptions to deny you access to your PHI and records, you may request a review of that decision by a licensed health care professional designated by New Perceptions’s Amy Davenport Dakin, LCPC, LCMHC or a New Perceptions provider who did not participate in the original decision to deny you access. We may charge a reasonable, cost-based fee for copies or a summary of your PHI or clinical records.

- **Right to Amend, Correct or Clarify Health Information.** You have the right to request amendments, corrections and clarifications to your PHI or clinical records, so long as you make such requests in writing and provide a reason to support the requested amendment, correction or clarification. We are not required to agree with your requested amendment, correction or clarification, but are required to include a copy of your requested amendment, clarification or clarification in your clinical records within 60 days of your written request. We may include in your clinical records a written response to your requested amendment, correction or clarification, and we will provide to you a copy of our response.
- **Right to an Accounting of Disclosures.** You have the right to request and receive an accounting of certain disclosures of your health information made by us in the six years prior to the date of your request. We must respond to your requested accounting within 60 days of your request, unless your right to receive an accounting of disclosures to a health oversight agency or law enforcement official is temporarily suspended by such agency or official. The accounting will not include disclosures of health information made directly to you, requested by you, made for treatment, payment or healthcare operations purposes, and other disclosures not required by law to be included in an accounting. 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 restrictions on certain uses and disclosures of your PHI. However, we are not required to agree to a requested restriction unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. If we agree to a requested restriction, we will not use or disclose your information in violation of your restriction, unless the use or disclosure is needed to provide emergency treatment.
- **Right to Request Confidential Communication.** You have the right to request in writing to receive confidential communications with you about your health information. We are required to accommodate reasonable requests to receive communications concerning your health information by alternative means or at alternative locations. We may place conditions on such accommodations, for example, by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request as a condition of providing communications to you on a confidential basis.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this Notice upon request, even if you have agreed to accept this Notice electronically.
- **Right to File a Complaint.** You have the right to file a complaint with New Perceptions or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by New Perceptions. You may file a complaint with New Perceptions by notifying New Perceptions's Privacy Officer using the contact information provided below. New Perceptions will not retaliate against you in any way for filing a complaint.

### **Important Notice to Minors Regarding Minor's Privacy Rights**

If you are a minor authorized by law to consent to health care services on your own behalf and you in fact consent to such services on your own behalf, New Perceptions is required to protect the privacy of your PHI with respect to health care services you have consented to on your own behalf in the same way that New Perceptions protects the privacy of an adult client's PHI, unless a special exception applies under the law. For example, New Perceptions is authorized by law to notify your parent or guardian if, in the judgment of your New Perceptions provider, failure to inform your parent or guardian would seriously jeopardize your health or would seriously limit the ability of your New Perceptions provider to provide treatment to you. Additionally, if you want New Perceptions to bill your parent's or parents' health

insurance plan for services provided to you, your parents will receive from their insurance company an Explanation of Benefits regarding the services provided to you by New Perceptions and, as a result, the fact that you received services from New Perceptions will not be confidential from your parents. However, if you have consented to services on your own behalf and do not want your parents to know that you are receiving services from New Perceptions, you must notify New Perceptions of that fact at the time services are provided to you so that arrangements can be made for payment of such services privately or out-of-pocket.

### **Contacting New Perceptions For More Information**

If you have any questions about this Notice, or would like more information about New Perceptions's privacy practices, or if you have questions about how to access, amend or obtain copies of your New Perceptions clinical or billing records, please contact New Perceptions's Privacy Officer at:

ATTN: Amy Davenport Dakin, LCPC, LCMHC, Privacy Officer  
New Perceptions, Inc.  
P.O. Box 5360  
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Phone: 207-941-0010  
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