**Notice of Privacy Practices**

Effective date: [mm/dd/yyyy]

Next Frontier Recovery is committed to providing you with quality treatment and services. An important part of that commitment is protection of your health information according to applicable law. This notice (“Notice of Privacy Practices”) describes:

* How health information about you may be used and disclosed.
* Your rights with respect to your health information.
* How to files a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have a right to requires a copy of this notice (in paper or electronic form) and to discuss it with [NAME/TITLE] AT [PHONE AND EMAIL] if you have any questions.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Our Duties**

We are required by law to maintain the privacy of your Protected Health Information (“PHI”). PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you. In addition to maintaining the privacy of your PHI, we are required to provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices.

**How Health Information About You May Be Used and Disclosed**

Under the Health Insurance Portability and Accountability Act (“HIPAA”) and related requirements in 45 CFR Parts 160, 162, and 164, your PHI may be used and disclosed for certain purposes without your written consent, including the following:

* **Treatment:** We may disclose your PHI to healthcare providers involved in your treatment.
* **Payment:** We may use or disclose your information to obtain payment for service provided.
* **Healthcare Operations:** We may use or disclose your information for administrative purposes necessary to run our program, such as quality improvement, staff training, or audits.
* **Legal Requirements:** In certain situations, your health information may disclosed as required by law, such as when ordered by a court or for law enforcement purposes.

**Other Uses of Your Information**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as:

* Preventing the spread of infection or disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety
* Doing research
* Complying with relevant privacy law
* Responding to public health and safety issues
* Responding to organ and tissue donation requests
* Working with a medical examiner or funeral director
* Addressing worker’s compensation, law enforcement, and other government requests.

We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html..

Other than as stated above, we will not use or disclose your PHI other than with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization.

If you or your representative authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures.

**Confidentiality of Alcohol and Drug Abuse Records**

Federal laws and regulations require us to inform you of additional privacy protections for records pertaining to substance use disorder. Except for purposes of treatment, payment, and health care operations, we may not disclose to a person that you are a patient or client of Next Frontier Recovery or disclose any information identifying you as an alcohol or drug abuser unless:

1. You consent in writing.
2. The disclosure is allowed by court order
3. The disclosure is made to medical personnel in an emergency or to qualified personnel for research, audit, or program evaluation.

Federal law and regulations do not protect any information about a crime committed by you related to the commission of a crime on the premises of Next Frontier Recovery or against our personnel or to a threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

**Your Rights Regarding Your Health Information**

As a patient, you have the following rights regarding your health information.

* **Right of Access to Inspect and Copy:** You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing.
* **Right to Request Restrictions:** You can request that we limit the use or disclosure of your information. We are not required to agree to restrictions for treatment, payment, and healthcare operations except in limited circumstances as described below.
* **Right to Restrict Disclosure to Your Health Plan**: If you have paid fully out of pocket for services you can, you can request that your health information not be disclosed to your health plan for those services. We are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law.
* **Right to Amend:** If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing and you must provide a reason to support the requested amendment. Under certain circumstances we may deny your request to amend, including but not limited to, when the PHI: 1. Was not created by us; 2. Is excluded from access and inspection under applicable law; or 3. Is accurate and complete.
* **Right to Accounting of Disclosures**: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* **Right to Confidential Communications:** You have the right to request that we communicate with you about your PHI and health matters by alternative means or alternative locations. Your request must be made in writing and must specify the alternative means or location. We will accommodate all reasonable requests consistent with our duty to ensure that your PHI is appropriately protected.
* **Right to Notification of a Breach**: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI.
* **Right to Choose Somone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
* **Right to Voice Concerns:** You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to [NAME OR TITLE] at the address listed below. We will not retaliate against you for filing a complaint.
* **Right to a Copy of the Notice:** You have the right to obtain a paper or electronic copy of this notice upon request.
* **Right to Discuss the Notice:** You may discuss this notice with the designated contact person in our program if you have any questions.
* **Right to Elect Certain Disclosures:** You have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; include your information in a hospital directory; or contact you for fundraising efforts. We do not create or maintain a hospital directory at this time.

**Out-of-Pocket Payments**

If you have paid out-of-pocket (or in other words, you or someone besides your health plan has paid for your care) in full for a specific item or service, you have the right to request that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law. This request must be made in writing.

**Questions, Requests for Information, and Complaints**

For questions, requests for information, more information about our privacy practices or concerns please contact [NAME OR TITLE] at [PHONE AND EMAIL]. Any privacy complaints to us should be made in writing to [NAME OR TITLE] at [ADDRESS].

We support your right to privacy of you PHI. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

While we encourage you to resolve any privacy complaint through our internal process, you may submit a formal written complaint to the U.S. Department of Health and Human Services at the following address:

**U.S. Department of Health & Human Services**
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775
OCRMail@hhs.gov
[www.hhs.gov](https://www.hhs.gov/)

**Changes to Notice of Privacy Practices**

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

1. Upon request;
2. Electronically via our website or via other electronic means; and
3. As posted in our place of business.

The most recent update to this Notice of Privacy Practices will be indicated by the “effective date” listed above.