



100 Campus Drive, Suite 101
Morganville, NJ 07751
732-617-6210

www.britefuturescounseling.com

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.

Client health records contain personal information about the client and their health. This information, which may identify the client and relates to their past, present, or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we at Brite Futures Counseling, LLC may use and disclose the client PHI in accordance with applicable law. It also describes client rights regarding how they may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide clients with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of the 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 client’s with a copy of the revised Notice of Privacy Practices by sending a copy to them in the mail upon request, or providing one to the client at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT THE CLIENT:

For Treatment. The client’s PHI may be used and disclosed by us for the purpose of providing, coordinating, or managing the client’s 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. Brite Futures Counseling, LLC may use or disclose PHI so that we can receive payment for the treatment services provided to the client. 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, the client’s PHI in order to support our business activities including, but not limited to, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, and conducting or arranging for other business activities. For example, we may share the client’s 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 the PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of the client’s 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 Brite Futures Counseling, LLC compliance with requirements of the Privacy Rule.

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

**Abuse and Neglect
Emergencies
National Security**

**Judicial and Administrative Proceedings
Law Enforcement
Public Safety (Duty to Warn)**

Without Authorization. Applicable law and ethical standards permit us to disclose information about the client 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 or neglect or mandatory government agency audits or investigations (such as the marriage and family 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.

Verbal Permission. We may use or disclose client information to family members that are directly involved in the treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding client personal PHI maintained by our office. To exercise any of these rights, please submit your request in writing to us, Brite Futures Counseling, LLC, at 100 Campus Drive, Suite 101, Morganville, NJ 07751.

- **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 client care. 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 the client. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI that we have about the client is incorrect or incomplete, you may ask us to amend the information, although Brite Futures Counseling, LLC is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain amount of the disclosures that we make to client 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 the PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that Brite Futures Counseling, LLC 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.
- **Electronic Transactions Standards.**

COMPLAINTS

If you believe that the client's privacy rights have been violated and wish to file a complaint with our office, you have the right to file a complaint in writing to us at: Brite Futures Counseling, LLC, 100 Campus Drive, Suite 101, Morganville, NJ 07751. You may also send a written complaint to the Secretary of Health and Human Services at: 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. You have specific rights under the privacy rule. **We will not retaliate against the client for exercising your right to file a complaint.**

I acknowledge that I have read and understand the above information:

Print Name _____

Client Signature _____
(or legally responsible party for minor)

The effective date of this Notice was received _____
(do not fill in—for office)