

Willow Creek Therapy and Consulting LLC  
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## NOTICE OF PRIVACY PRACTICES (NOPP)

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 OF THIS NOTICE This notice went into effect on 01/08/2024.

### I. MY OBLIGATIONS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

Under the Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding the use and disclosure of your PHI. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Willow Creek Therapy and Consulting LLC (“Willow Creek”). This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to PHI.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this NOPP, and such changes will apply to all information I have about you. The new NOPP will be available upon request, at our next appointment, and on my website.

### II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

*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 within the practice group (Willow Creek). As a social worker licensed in the state of New Jersey, I will not use and disclose your PHI to consultants or health care providers outside of the practice group without your authorization.

*For Payment:* I may use and disclose your PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities include, but are not limited to, 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, undertaking utilization review activities, or charging your credit card. If it becomes necessary to

use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

*For Health Care Operations:* I may use or disclose your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I 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.

*As Required by Law:* I may use and disclose your PHI in response to a court or administrative order or pursuant to state and federal law and the use or disclosure complies with and is limited to the relevant requirements of such law.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. *Research:* I will not use or disclose your PHI for research purposes without your authorization.
2. *Marketing:* I will not use or disclose your PHI for marketing purposes.
3. *Sale:* I will not sell your PHI.
4. *Psychotherapy Notes:* I keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501. These notes are for my own use in treating you and are kept separate from your medical record. They are not available to you, and I will not disclose them without your authorization, unless the disclosure is: required by law and the use or disclosure is limited to the requirements of such law including mandatory reporting and duty to warn and protect; for my use in defending myself in legal proceedings brought about by the subject of the psychotherapy notes; or for health oversight activities when the subject of the oversight is the originator of the psychotherapy notes.
5. All other uses and disclosures not specifically permitted by law will only be made with your authorization.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. *For purposes of mandatory reporting,* I may use and disclose your PHI to a state or local agency that is authorized to receive reports of suspected abuse, neglect, or exploitation of children or vulnerable adults.
  - a. In New Jersey, suspected child abuse is reported to the State Central Registry of the Division of Child Protection and Permanency (1-877 NJ ABUSE). Suspected vulnerable adult abuse is reported to the county Adult Protective Services.
  - b. In Iowa, suspected child or vulnerable adult abuse is reported to the Iowa Department of Health and Human Services Abuse Hotline (1-800-362-2178).

2. *For purposes of discharging my duty to warn and protect*, I may use and disclose your PHI to avert a serious and imminent threat to the health and safety of yourself or others. Specifically, I may:
  - a. Arrange for voluntary admission to a psychiatric facility;
  - b. Initiate procedures for involuntary commitment to a psychiatric facility;
  - c. Advise law enforcement of a threat and the identity of the intended victim;
  - d. Warn the intended victim of the threat, or in the case of a minor, the parent or guardian of the intended victim;
  - e. If the patient is a minor, warn the parent or guardian of any threats of suicide or bodily injury.
3. *In New Jersey, for purposes of complying with the Extreme Risk Protective Order Act of 2018*, when discharging a duty to warn and protect, I am required to notify the chief law enforcement officer of the municipality in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department, that a duty to warn and protect has been incurred with respect to the patient and I must provide to the chief law enforcement officer or superintendent, as appropriate, the patient's name and other non-clinical identifying information.
4. *For judicial and administrative proceedings*, including responding to a court or administrative order.
5. *To coroners or medical examiners*, when such individuals are performing duties authorized by law. PHI of patients that have been deceased for more than fifty (50) years is not protected under HIPAA.
6. *For medical emergencies*, I may use or disclose your PHI to medical personnel in order to prevent serious harm.
7. *For health oversight activities*, including audits and investigations.
8. *For law enforcement purposes*, including reporting crimes occurring on my premises or reporting crimes in an emergency, or in compliance with a court or administrative order for the purpose of identifying a suspect, material witness, or missing person.
9. *For specialized government functions*, including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence and counter-intelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions.
10. *For public health*, to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
11. *When disclosure is required by state or federal law*, and the use or disclosure complies with and is limited to the relevant requirements of such law.
12. *For appointment reminders and health related benefits or services*, I may use and disclose your PHI to contact you to remind you of appointments. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

## V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. *Disclosures to family, friends, or others:* I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. *The right to request restrictions on the use and disclosure of your PHI.* For all requests for restrictions, please complete the Request for Restriction on Use and Disclosure of PHI Form.
  - a. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
  - b. You have the right to ask me not to use and disclose your PHI to your health plan for payment and health care operations purposes if the PHI pertains solely to a health care item or service that has been paid for in full out-of-pocket. I am required to agree to this request.
  - c. You have the right to request restrictions on how I communicate with you and send you PHI. You can ask me to contact you in specific ways (for example, a phone number or address that is not your main point of contact). I will agree to all reasonable requests and I will not ask for an explanation as to why you are making the request.
2. *The right to access and get copies of your PHI.* Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within thirty (30) days of receiving your written request, and I may charge a reasonable, cost based fee for doing so. You may also request that a copy of your PHI be provided to another person.
3. *The right to correct or update your PHI.* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within sixty (60) days of receiving your request. If I say “no” to your request, you have the right to file a statement of disagreement with us.
4. *The right to an accounting of certain of the disclosures I have made of your PHI.* I will respond to your request for an accounting of disclosures within sixty (60) days of receiving your request. The list I will give you will include disclosures made in the last six (6) years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

5. *The right to breach notification.* If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
6. *The right to an electronic or paper copy of this notice.*

VII. COMPLAINTS:

1. If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Privacy Officer (Lily Freier) of Willow Creek Therapy and Consulting LLC at 131 South Euclid Ave, Suite 201, Westfield NJ, 07090; or with Centralized Case Management Operations, US Department of Health and Human Services Office of Civil Rights, 200 Independence Ave S.W., Room 509F HHH Bldg, Washington, D.C. 20201. I will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.