New Truth Counseling, PLLC

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HIPAA NOTICE OF PRIVACY PRACTICES

Effective June 2025

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.

OUR COMMITMENT TO YOUR PRIVACY. At New Truth Counseling, PLLC (the "***Practice***"), we are committed to protecting your personal health information ("***PHI***") as required by the federal Health Insurance Portability and Accountability Act ("***HIPAA***") and Virginia law. This Notice explains how we may use and share your information and describes your rights related to that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU. We may use and disclose your health information without your written authorization for the following purposes:

- Treatment – To coordinate care with other professionals involved in your treatment.
- Payment – To bill for services and confirm coverage with insurance companies (unless you request otherwise—see below).
- Health Care Operations – To improve services, conduct training, or carry out administrative functions.

We may also share your PHI in specific cases permitted or required by law, including:

- Legal proceedings (e.g., court orders, subpoenas, custody disputes).
- Reporting abuse, neglect, or serious threats to health or safety.
- Health oversight activities (e.g., audits, investigations).
- Compliance with laws related to public health, law enforcement, or workers' compensation.
- Medical examiner or coroner investigations
- National security or military activities.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION. Authorization from you is required to sell your PHI or to use your information for marketing purposes. Furthermore, you must authorize the use or disclosure of "***psychotherapy notes***," as defined in 45 CFR § 164.501, except for specific purposes such as treatment, supervision, training, legal proceedings, or to avert a serious threat to the health and safety of others. Any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- For our use in treating you such as in case consultation for the purpose of collaborative treatment or seeking advice.
- For our use in training or supervising mental health practitioners.
- For our use in defending ourselves in legal proceedings initiated by you.
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- Required by a coroner or medical examiner when performing authorized duties.
- When disclosure is required by state or federal law, complying with relevant requirements including oversight activities such as audits or investigations.
- For mandated reporting of suspected abuse or preventing a serious threat to health or safety to yourself or others.

- For law enforcement purposes, including reporting crimes on our premises.

OPPORTUNITY TO OBJECT. If you object, we will not disclose your health information to family, friends, or others involved in your care, except in emergency situations where obtaining consent is not feasible. If you have provided an authorization in the past, you may revoke an authorization at any time in writing, and we will stop using or sharing your information from that point forward (but this will not apply to information already disclosed).

YOUR RIGHTS WITH RESPECT TO YOUR PHI. As a client, you have the following rights regarding your protected health information:

- Right to Request Limits on Uses and Disclosures: You can request restrictions on how we use or disclose your health information, but we are not obligated to agree unless required by law.
- Right to Choose How PHI is sent to You: You can request to receive your health information through specific means, and we will accommodate reasonable requests.
- Right to Access and Obtain Copies: You have the right to access and obtain copies of your health information, except for "psychotherapy notes." We will provide this information within 30 days of your written request, subject to a reasonable, cost-based fee.
- Right to Get a List of Disclosures: You can request a list of instances where we have disclosed your health information for purposes other than treatment, payment, or health care operations. We will provide this list within 60 days of your request, free of charge for the first request in a year.
- Right to Correct or Update Your PHI: You can request corrections or updates to your health information, and we will respond in writing within 60 days, explaining any denials.
- Right to Get a Paper or Electronic Copy of this Notice: You have the right to receive a paper copy of this notice, even if you agreed to receive it electronically.
- Right to Choose a Representative: You have the right to choose someone to act on your behalf as a medical power of attorney or, if you are a minor, your guardian may act on your behalf.
- Right to File a Complaint: If you feel that your rights have been violated, you can file a complaint with the US Department of Health and Human Services' Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, DC 20201, by going to www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling 1-877-696-6775 OR you can contact us directly to discuss the issue.

OUR RESPONSIBILITIES. We will:

- Maintain the privacy and security of your PHI in accordance with the most stringent laws applicable to your information.
- Abide by the terms of this Notice, but we do reserve the rights to amend this Notice at any time and it is applicable to all PHI in our possession. You can always obtain the most recent version of the Notice at our website: www.newtruthcounseling.com
- Inform you if we ever have a security incident in which your PHI may have been compromised.

[SIGNATURE PAGE TO FOLLOW]

Acknowledgment of Receipt. By signing below, you acknowledge that you have received a copy of this Notice. This does not mean you agree with its terms—only that you've been given access to review it.

Signed By:
Draw Signature
Use Typed Name
Date