

HIPAA Notice of Privacy Practices

This Notice describes how medical and mental health information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Uses and Disclosures of Protected Health Information (PHI)

Your protected health information (PHI) may be used or disclosed for the following purposes:

- **Treatment:** Information may be shared as necessary to provide, coordinate, or manage your mental health care.
- **Payment:** Information may be used to obtain payment for services provided.
- **Health Care Operations:** Information may be used for quality assurance, training, licensing, and compliance activities.

Other Permitted Disclosures

PHI may also be disclosed without your authorization when required by law, including but not limited to:

- Situations involving risk of serious harm to yourself or others
- Suspected abuse or neglect of a child, elderly person, or dependent adult
- Court orders, subpoenas, or other legal requirements

Your Rights Under HIPAA

You have the right to:

- Request access to and obtain a copy of your health records
- Request corrections or amendments to your records
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive a list of certain disclosures made of your information
- Receive a copy of this Notice upon request

Safeguards

New Awakenings* takes reasonable and appropriate steps to protect the privacy and security of your PHI, including the use of HIPAA-compliant electronic health record systems and secure telehealth platforms.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- The provider at New Awakenings*
- The U.S. Department of Health and Human Services, Office for Civil Rights

You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt

By signing this informed consent, you acknowledge that you have received and reviewed this Notice of Privacy Practices.