



HIPAA NOTICE

Notice of Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA).

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION UNDER THE NEW HIPAA LAWS. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Corebella Health may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations” is when Corebella Health provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Corebella Health consults with another health care provider, such as your family physician or psychologist.
- “Payment” is when Corebella Health obtains reimbursement for your healthcare. Examples of payment are when Corebella Health discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- “Health Care Operations” are activities that relate to the performance and operation of Corebella Health. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within the Corebella Health office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the Corebella Health such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Corebella Health may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Corebella Health is asked for information for purposes outside of treatment, payment or health care operations, Corebella Health will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Corebella Health has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Corebella Health may use or disclose PHI without your consent or authorization in the following circumstances:

- **Serious Threat to Health or Safety** – If Corebella Health determines, or pursuant to the standards of our profession should determine, that you present a serious danger of violence to yourself or another, Corebella Health may disclose information in order to provide protection against such danger for you or the intended victim.
- **Child Abuse** – If Corebella Health has reasonable cause to believe that a child has been abused, Corebella Health must report that belief to the appropriate authority.
- **Adult and Domestic Abuse** – If Corebella Health has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, Corebella Health must report that belief to the appropriate authority.
- **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made about the professional services Corebella Health has provided to you or the records thereof, such information is privileged under state law, and Corebella Health will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

IV. Patient's Rights and Psychologist's and Counselor's Duties

- Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, Corebella Health is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient of Corebella Health. On your request, Corebella Health will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in Corebella Health's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. An appointment will be scheduled to review these records in the presence of the appropriate Corebella Health provider so that any issues can be discussed. Normal hourly and/or copying charges will apply. Corebella Health may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Corebella Health will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Corebella Health may deny your request. Upon your request, Corebella Health will discuss with you the details of the amendment process.

V. Psychologist's/ Counselor's Duties

- Corebella Health is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Corebella Health reserves the right to change the privacy policies and practices described in this notice. Unless Corebella Health notifies you of such changes, however, Corebella Health is required to abide by the terms currently in effect.
- If Corebella Health revises its policies and procedures, Corebella Health will notify you at the mailing address you provided.

VI. Complaints

If you are concerned that Corebella Health has violated your privacy rights, or you disagree with a decision Corebella Health has made about access to your records, you may contact us at (203) 757-9336 or corebellahealthllc@gmail.com 417 Highland Ave Unit 2 Waterbury, CT 06708. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Corebella Health can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Corebella Health will not retaliate against you for exercising your right to file a complaint.

VII. Client Information and Consent for Services and the HIPAA Notice Signature Page

I have read, understand, and agree to abide by the terms and conditions set forth in the Client Information and Consent for Services, and do hereby consent to participation in the treatment as described in the consent agreement. I also understand that my participation is entirely voluntary, and that I may withdraw my consent and terminate treatment at any time. I have been provided with the HIPAA Notice and I understand. HIPAA is a federal law that provides privacy protections and assures patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that Corebella Health provides you with a copy of the HIPAA Notice for use and disclosure of PHI for treatment, payment and health care operations by your first encounter or as soon as reasonable. The HIPAA Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that Corebella Health obtains your signature acknowledging that Corebella Health has provided you with this information. We can discuss any questions that you may have about the procedures outlined in the HIPAA Notice.