

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information you may be used and disclosed and how you can get access to this information. This notice applies to information obtained via both in-person office visits or virtual encounters (telehealth/telemedicine).

Please review this notice carefully.

At New Pathways Clinic, we are dedicated to maintaining the privacy and confidentiality of your medical information. To ensure transparency, this outlines our legal obligations and privacy practices according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding your Protected Health Information (PHI). We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

1. **By law, we may use and disclose your medical information for the following purposes:**

- **Treatment:** We may use and disclose your medical information to provide you with appropriate medical treatment and services, including consultations and referrals to other healthcare providers.
- **Payment:** We may use and disclose your medical information to obtain payment for services rendered, such as submitting claims to insurance companies or Medicare.
- **Healthcare Operations:** We may use and disclose your medical information to improve your care, contact you when necessary and for our healthcare operations, including quality assessments, audits, and patient satisfaction reviews.
- **Other Permitted Uses:** We may use and disclose your medical information for various purposes permitted by law, such as: public health and safety issues, healthcare research, organ and tissue donation requests, medical examiner or funeral director requests, law enforcement requests, legal proceedings, workers compensation, to avert a serious threat to health or safety, reporting victims of abuse, neglect, domestic violence, or exploitation, and emergencies.
- **Secure Electronic Communication:** We may contact you to provide appointment reminders or inform you about treatment options, alternatives, fundraising efforts, or health-related services that may be of interest to you by phone calls, secure patient portal, and encrypted email. You have the right to opt out of receiving such communication.
- **Call Recording:** We may record telephone calls between you and our staff for quality assurance, staff training, and documentation purposes. These recordings are protected as part of your medical record if they contain Protected Health Information (PHI).
- **Marketing and Research:** We will ask for your written authorization before using or disclosing your medical information for marketing or research purposes or in other situations not covered by this notice. You have the right to opt out of these services.

2. **You have the following rights regarding your medical information:**

- **Authorization:** Your written authorization is required for use, and disclosures not described in the categories above. If you want to release information to any outside party, use the Release of Information (ROI) form available at the front desk. You may revoke any prior authorization previously given by you except where we have already taken actions in reliance on your authorization. These requests must be in writing and sent to the Compliance Officer.
- **Access and Copies:** You have the right to access and obtain copies of your medical information; psychotherapy notes are an exception. Psychotherapy notes are the personal notes of a mental health professional and are not typically included in the accessible medical record. These notes are kept separate to protect the therapeutic relationship and the patient's privacy. All requested documents will be provided within 30 days of the written request. We may charge a reasonable fee for copying and mailing. We will inform you of the cost before charging you.
- **Access to Recordings:** If a recorded call contains PHI, you have the right to access and obtain a copy of the recording in accordance with applicable HIPAA regulations. Reasonable fees may apply for duplication.
- **Amendment:** If you believe that your medical information is inaccurate or incomplete, you may request an amendment. We will review your request and provide a response. If we determine that

your request is not necessary, we will provide our reasoning for this determination in writing within 60 days.

- **Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your medical information, except for those related to treatment, payment, healthcare operations, or authorized by you. You are entitled to one free accounting of disclosures per year, and any additional requests will come at a reasonable fee.
- **Confidential Communications:** You can request that we communicate with you in a specific manner or at a designated location to preserve your privacy.
- **Restriction Requests:** You have the right to request restrictions on certain uses and disclosures of your medical information. You may request not to have your calls recorded. While we will consider your requests, we are not required to agree to it if it is required by law and in the interest of patient safety.
- **Legal Representative:** You have the right to choose someone to act on your behalf. If you have given someone Medical Power of Attorney or if someone is your legal guardian, that person can exercise your rights on your behalf and can make choices regarding your health information. If someone has been appointed to one of these authorities, we will make sure to have the documentation on file before allowing any actions to be taken.
- **Complaints:** You have the right to file a complaint if you feel that your rights have been violated, and you will not face retaliation. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

3. We are committed to:

- Providing you with a copy of this Notice of Privacy Practices, which outlines your rights, choices, and our legal duties.
- Safeguarding your protected health information as required by law.
- Promptly notifying you in the event of a breach that may have compromised the privacy and security of your protected health information.
- Securing all call recordings with encryption and access controls in compliance with HIPAA requirements.
- Complying with the terms of this Notice that are currently in effect.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Compliance Officer (listed below). Under no circumstances will you be penalized or retaliated against filing a complaint.

Compliance Officer: Brielle terVeen; **Email:** brielle@newpathwaysclinic.com; **Phone:** 614-212-4880

This Notice describes how New Pathways Clinic, LLC may use and disclose your protected health information. The terms of this Notice of Privacy Practices are effective on 2/01/2026. We can change the terms of this Notice, and the changes will apply to all protected health information on file. The new Notice will be available at your request.

By signing below, I acknowledge that I have read and understood this Notice of Privacy Practices and agree to abide by its terms and conditions. I acknowledge that I can request a copy of this notice at any time.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____