Notice of Privacy Practices

Nura Social Services LLC
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NOTICE OF PRIVACY PRACTICES

Effective Date: October 10, 2022
This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Your privacy is important. I am committed to protecting your health information and ensuring confidentiality. I create and maintain records of the services you receive to provide quality care and to comply with legal requirements. This Notice applies to all records created by Nura Social Services LLC.

As required by law, I will:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide this Notice describing legal duties and privacy practices
- Follow the terms outlined in this Notice

This Notice may be amended at any time. Updates will apply to all records and will be made available upon request, in my office, and on my website.

II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

For Treatment, Payment, and Health Care Operations

I may use or disclose your PHI without written authorization for purposes directly related to your care:

- **Treatment:** To provide, coordinate, or manage your care with other providers (e.g., consultations or referrals)
- **Payment:** To bill and collect payment from you or your insurance company
- **Health Care Operations:** For administrative and quality improvement purposes

Note: Disclosures for treatment purposes are not limited to the “minimum necessary” standard, as full access may be essential for quality care.

For Legal Proceedings

- I may disclose PHI in response to a valid court or administrative order or subpoena, with efforts to notify you as required by law.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Some uses and disclosures of your PHI will only be made with your explicit written authorization:

- **Psychotherapy Notes:** Except for limited exceptions (e.g., use in treatment, legal defense, regulatory compliance), written authorization is required.
- **Marketing:** I do not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** I will not sell your PHI under any circumstances.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

Under certain legal conditions, I may use or disclose your PHI without your permission:

- As required by state or federal law
- To report suspected abuse or neglect (child, elder, or dependent adult)
- For health oversight activities (e.g., audits or investigations)
- In judicial or administrative proceedings
- For law enforcement (e.g., crimes on premises)
- To medical examiners or coroners as permitted by law
- For research purposes with appropriate safeguards
- For specialized government functions (e.g., military, national security, corrections)
- To comply with workers' compensation laws
- To send appointment reminders or inform you about treatment alternatives or health-related services

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V. DISCLOSURES WITH THE OPPORTUNITY TO OBJECT

I may share your PHI with a family member, friend, or other individual involved in your care or payment, unless you object. Consent may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your protected health information:

- **Request Limits:** You may request limits on how your PHI is used or shared. I am not required to agree unless the request pertains to PHI for services paid in full out-of-pocket.
- **Confidential Communication:** You may request to be contacted in specific ways (e.g., at home, by mail, etc.), and I will honor reasonable requests.
- **Access to Records:** You may request a copy (electronic or paper) of your record, excluding psychotherapy notes. Requests will be fulfilled within 30 days, and a reasonable cost-based fee may apply.
- **Accounting of Disclosures:** You may request a list of PHI disclosures made in the past six years (excluding those made for treatment, payment, or operations). Additional requests may incur a fee.
- **Request Amendments:** You may ask me to correct or supplement your record. If denied, I will provide a written explanation within 60 days.
- **Paper or Electronic Copy of this Notice:** You may request a paper or emailed version of this Notice at any time, even if you have agreed to receive it electronically.

ACKNOWLEDGEMENT OF RECEIPT

Under HIPAA, you have the right to receive this Notice and understand your rights and privacy protections. By signing below, you acknowledge that you have received, read, and understood this **Notice of Privacy Practices**.