

NEW DIRECTIONS HEALTH CARE
306 West 11th St.
Erie, PA 16501
Phone: (814) 240-6216 Fax: (814) 240-6219

NOTICE OF PRIVACY PRACTICES
Licensed Drug and Alcohol Rehabilitation Facility

OUR PRIVACY PRACTICES

This is a summary of the Notice of Privacy Practices an Affiliate of Commonwealth Health, promises to maintain the confidentiality of your protected health information (“PHI”). PHI is health information about you that we have in our records. Our notice is attached. We urge you to read our Notice. It provides a more complete explanation of your rights and our duties.

Federal and State Laws

We are required by federal regulations called the “HIPAA Privacy Regulations” to protect the confidentiality of your health information. We are also required to comply with Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations. If you are receiving mental health, mental retardation, or drug and alcohol abuse rehabilitation services, we will comply with the Pennsylvania laws that provide the greatest protection for your health information.

Authorization to Disclose PHI

Except as described in our Notice, it is our practice to obtain your authorization before we disclose your PHI to another person or entity. You may revoke your authorization at any time.

How We Use Your Protected Health Information

Our Notice explains how we may use your PHI for treatment, payment and health care operations. For example, we may use your PHI to plan and provide your care and treatment; communicate with health care professionals; obtain payment for our services; educate and train our staff; and assess and improve our services. We are also permitted to use and disclose your health information if required by law.

Your Rights

Our Notice explains your rights. For example, you have the right to request a restriction on certain uses and disclosures of your PHI; inspect and copy your PHI; request amendments to your PHI; and obtain an accounting or list of disclosures of your PHI.

Our Duties

Our Notice explains our obligations and duties. For example, we must provide you with a copy of the Notice and comply with the terms of our Notice.

If you have any questions / concerns regarding the Notices of Privacy Practices or if you feel we have violated your rights, please contact us at the following email, telephone number, in-person, or by mailing address.

Email: info@newdirectionshealthcare.net

Telephone Number: 814-240-6216

Mailing Address: Attention: New Directions Healthcare, 306 West 11th Street Erie, Pennsylvania 16501

Acknowledgement:

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Copy offered to client _____ accepted _____ rejected _____ Patient initials

Updated 2/2021