



## **Notice of Privacy Practices (NPP) under HIPAA**

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This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. **Please read this notice carefully.**

### **How are we responsible for your PHI?**

Beck Institute is required by law to maintain the privacy and security of your protected health information. As a part of this responsibility:

- We will promptly inform you if a breach occurs that may have compromised the privacy or security of your information
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will follow the duties and privacy practices described in this notice and give you a copy for your records.

Additionally, for minors ages 14-17: You are allowed by Pennsylvania Law to consent for mental health treatment without first obtaining permission of parents or legal guardians. Other legal requirements may apply in other jurisdictions.

### **How may we use or share your PHI?**

Beck Institute understands that your health information is private, and we are required by law to maintain your privacy. In most situations, we can only release information about your treatment to others if you sign a written authorization form. However, there are some notable exceptions in which we are allowed, or may even be required, to share your information. Examples of these scenarios are provided below.

#### **To prevent or reduce a serious threat to anyone's health or safety**

Example: If a Beck Institute provider is informed and determines there is a clear and present danger of either suicide or homicide perpetrated by a client, the provider is obligated to take reasonable measures to prevent harm.

#### **To report suspected abuse, neglect, or domestic violence**

Example: If a Beck Institute provider has reasonable cause to suspect that a minor patient is the victim of child abuse, the provider is obligated to report such abuse to the Department of Public Welfare.

#### **To comply with state or federal law**

Example: If the Department of Health and Human Services requests to examine Beck Institute records to ensure we're in compliance with federal privacy law.



### **To cooperate with lawsuits and legal actions**

Example: If Beck Institute is served with a court order or lawsuit that requires information on your care.

### **To respond to other legal or regulatory requests**

Example: If a worker's compensation claim is filed that requires certain health information to proceed.

### **How else may we use or share your PHI?**

There are other situations where it is only required that you provide advance, written consent. Your signature on the attached signature page provides consent for the following:

- We may need to share your PHI with Beck Institute staff for clinical and administrative purposes, such as scheduling, billing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice. Within Beck Institute, only necessary information is shared.
- We may disclose your PHI to other health care providers who provide you with health care services or are involved in your care.
- We may contact you to remind you of appointments.
- Although uncommon, we may request to record your session for training purposes within Beck Institute. We would only proceed with your advance, written consent. Audio and/or video recording of a therapy session without both the client's and therapist's permission is expressly prohibited.

Unless you choose to opt-in to our mailing list, Beck Institute will never market to you. Beck Institute will absolutely never sell your personal information.

### **Can you choose how we share your PHI?**

You have both the right and the choice to tell us how to share certain health information in certain situations. If you have a clear preference for how we share your information in the situations described below, let us know, and we will follow your instructions:

- You can choose for us to share information with your family, close friends, or others involved in your care.
- You can choose for us to share information in a disaster relief situation.

**If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.** We may also share your information when needed to lessen a serious and imminent threat to health or safety.



### **How do we store your PHI?**

The laws and standards regulating our profession require that we keep treatment records. All Beck Institute client records are stored in a securely locked cabinet and/or as a part of a secure, encrypted electronic health record system with strict, permission-based access. Records are kept for a minimum of five years from the last date of service, and then shredded, destroyed, and/or permanently deleted.

### **What rights do you have to your PHI?**

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **To receive an electronic or paper copy of your medical record**

You are entitled to see or receive a copy of your PHI, unless we believe such receipt would be detrimental to your well-being. If this is the case, we will tell you, in writing, our reasons for the denial. All requests for records must be made in writing. Unless denied, you will receive a copy of your record, or a summary of your health information, within 30 days of our receipt of your request. We may charge a reasonable, cost-based fee for this.

#### **To request that we correct or supplement your medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete. You must provide the request, and your reason for the request, in writing. If we deny your request, we'll tell you why, in writing, within 60 days.

#### **To request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.

#### **To ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny it if it would affect our care.

#### **To receive a list of those with whom we've shared information**

You can ask us for an accounting of the times we've shared your health information, up to six years prior to the date you ask, including who we shared it with, and why. We will include all of our disclosures except for those about treatment, payment, and health care operations. We'll provide one accounting per year at no cost, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



### **To receive a copy of this privacy notice**

You can ask for, and we will provide you with, a paper copy of this notice at any time, even if you had previously agreed to receive this notice electronically. It is also available in our office and posted on our website, <https://cares.beckinstitute.org>.

### **To choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **To file a complaint if you believe your rights have been violated**

If you believe that your rights have been violated, please contact the Beck Institute Privacy Officer:

Julie Snow-Regan  
[jsnowregan@beckinstitute.org](mailto:jsnowregan@beckinstitute.org)  
610-664-3020 x 225

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using any of the means listed below:

BY MAIL  
US Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

BY PHONE: 1-877-696-6775

ONLINE: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

Beck Institute will never retaliate against you for filing a complaint.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all previously held information.

Last updated: May 8, 2025