



New Growth Counseling & Consulting
555 D'Onofrio Dr. Suite 75
Madison WI 53719
PHONE: 608-218-4131
welcome@new-growth-consulting.com
www.new-growth-consulting.com

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: March 11th, 2025

This Notice of Privacy Practices describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION:

At New Growth Consulting LLC, your privacy is important. We are committed to protecting your health information while still providing high-quality care. As part of your care, we collect, use, and disclose what is called Protected Health Information (PHI) — any information that identifies you and relates to your health, treatment, or payment for care.

We are allowed by law to use and disclose your PHI for certain purposes without needing additional permission. These uses include:

- For Treatment: We may use or share your information to provide and coordinate care. This could include communication with your primary care provider, psychiatrist, or other members of your treatment team to ensure you're receiving the support you need.

Example: Sharing information with another therapist or medical provider involved in your care to support continuity of treatment.

- For Payment: We may use or share your information to obtain payment from your insurance company, health plan, or other payers. This may include diagnosis codes, treatment dates, or summaries of services provided.

Example: Submitting documentation to your insurance plan to process a claim for therapy sessions.

- For Health Care Operations: We may use or share your information as needed for internal operations that support quality care and business functions. This includes administrative tasks such as auditing, training, data analysis, and service improvement.

Whenever possible, identifying information will be removed in accordance with privacy laws.

Example: Reviewing service data to evaluate and improve client care.



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- To Share Health-Related Services or Information: We may provide information about programs, services, or resources that may support your health and well-being. This might include referrals to additional services, treatment options, or community resources.

Example: Letting you know about a local grief group or a referral for body-based therapeutic services.

- For Communication Purposes: We may use the contact information you provide to communicate with you about scheduling, billing, or treatment-related matters. Communication may take place by phone, voicemail, text, email, or secure messaging, depending on your preferences and the nature of the information.

Example: Sending an appointment reminder or following up on a missed session.

LIMITS TO CONFIDENTIALITY:

Your privacy is important, and in most situations, what you share in therapy stays between us. However, there are certain circumstances where information may be shared without your consent — either because it's required by law or necessary to ensure safety. These situations are outlined below:

- Threats of Harm to Self or Others: If, during the course of therapy, you make a specific and immediate threat to harm yourself or someone else, and we believe that threat is serious and imminent, we are required to take action to protect safety. This may include:
 - Notifying the potential victim or their guardian (if under 18)
 - Contacting law enforcement
 - Seeking emergency hospitalization

We may also take steps to protect you if we believe there is a serious and immediate risk to your own health or safety.

- Suspected Child Abuse or Neglect: If there is reasonable suspicion that a child has been abused or neglected, Wisconsin law requires us to report this immediately to the county Department of Health and Human Services and/or local law enforcement.
- Suspected Abuse or Neglect of Vulnerable Adults: If there is concern that an elderly or incapacitated adult is being abused, neglected, or exploited, we are legally obligated to make a report to the appropriate authorities in the county where the incident occurred.
- Health Oversight and Professional Misconduct: Licensed mental health providers in Wisconsin must report suspected misconduct by other licensed professionals in the same field. By policy, we may also report misconduct by providers in other health professions. If you disclose inappropriate or unethical behavior by another healthcare provider, we may guide you on how to file a report.
Additionally, if you are a licensed healthcare provider and your condition appears to place the public at risk, we may be required to notify your licensing board. The Department of Safety and Professional Services may also subpoena records if investigating provider misconduct.



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- **Legal Proceedings:** Therapy records are considered privileged under Wisconsin law. This means we will not release information to a court or attorney without your written consent — unless a judge issues a court order. If a subpoena is received, you will be notified and given the opportunity to object. If required, we may have to submit sealed records to the court for review. If your therapy is court-ordered or involves a third-party evaluation, different rules apply, and you will be informed in advance.
- **Civil Commitment Proceedings:** If you become involved in a civil commitment process, your records may be provided to the court, your attorney, guardian ad litem, or law enforcement as part of the legal proceedings.
- **Emergency Situations:** If you experience a medical or life-threatening emergency during a session and are unable to give permission, we may share information with emergency responders or medical providers to ensure your safety and continuity of care.
- **Incarceration or Law Enforcement:** If you are involved in the criminal justice system and become incarcerated or detained, we may share necessary information with correctional or law enforcement personnel if it is required for your safety, the safety of others, or the administration of necessary healthcare. This only applies when the law permits and the information is essential to the situation.
- **Public Health Reporting:** We may be required to disclose limited health information to public health authorities for purposes such as tracking disease outbreaks, preventing or controlling the spread of illness, or complying with FDA regulations related to medication safety or adverse reactions. These disclosures are strictly limited to what is necessary for public health protection.
- **Workers' Compensation:** If you file a claim for workers' compensation, relevant mental health records may be released — upon request — to you, your employer, the insurer, or an authorized rehabilitation provider, as required by law.
- **Deceased Individual Identification:** In the event of a client's death, we may share relevant information with a coroner, medical examiner, or funeral director if it is needed to identify the deceased, determine the cause of death, or fulfill legal or health-related responsibilities.

YOUR RIGHTS:

You have certain rights when it comes to your mental health and medical information. These rights are protected under HIPAA (the Health Insurance Portability and Accountability Act) and are outlined below. If you have any questions or concerns, we encourage you to reach out.

- **Right to Access and Review Your Records:** In most situations, you have the right to inspect and request a copy of your medical and billing records. To do so, your request must be submitted in writing. A reasonable fee may be charged to cover the cost of copying and mailing your records.

There are a few exceptions:

We may deny access to certain records, including psychotherapy notes or information prepared in anticipation of a legal proceeding. If your request is denied, we will explain why and let you know if there's a process to appeal the decision.



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- **Right to Request an Amendment:** If you believe information in your health records is incorrect or incomplete, you have the right to request a correction. To do this, send your request in writing along with your reason for the change to our office. While we will review your request carefully, we may deny it if:
 - The information wasn't created by your provider (but we'll still add your request to the record).
 - The information is not part of your medical record or something you're allowed to inspect.
 - The existing information is already accurate and complete.
- **Right to Request Limits on What We Share:** You can request that we limit how your protected health information (PHI) is used or shared — either for treatment, payment, or with others involved in your care. You can also ask us to limit what information is shared with a specific person or organization. To make a request, please send it in writing and specify:
 - What information you want restricted
 - Whether the restriction applies to use, disclosure, or both
 - To whom the restriction should apply

While we will do our best to honor your request, we are not required to agree unless the restriction is legally mandated.

- **Right to Request Confidential Communication:** You may ask us to communicate with you in a specific way or at a specific location (for example, using a personal phone number instead of a shared line, or sending mail to an alternate address). These requests must be submitted in writing and should include clear instructions about how you prefer to be contacted. We will do our best to accommodate reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice at any time, even if you've received it electronically. Just let us know, and we'll provide one for you.

*Changes to This Notice: We may occasionally update this privacy notice to reflect changes in our practices or the law. If changes are made, we'll post the updated version online and make printed copies available upon request. The effective date will be clearly listed on the updated notice.

USES AND DISCLOSURES REQUIRING AUTHORIZATION:

We will obtain your written authorization for uses and disclosures not covered by this Notice. You may revoke your authorization at any time.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to my office. You may also send a written complaint to the Dane County Department of Human Services.



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Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

☐ This agreement expires in one year unless earlier date is indicated here: _____ Initials: _____

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date

Relationship to client