



Notice of Privacy Practices (NPP) Policy

for

InclusiveNest Behavior Therapy

October 22, 2025



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Purpose

The purpose of this **Notice of Privacy Practices (NPP) Policy** is to ensure that **InclusiveNest Behavior Therapy** communicates to patients how their Protected Health Information (PHI) is used, disclosed, and safeguarded, and to establish procedures for patient rights under HIPAA.

Audience

This policy applies to all workforce members, including employees, contractors, interns, and volunteers, who handle PHI or are involved in patient communications.

Policy

General

- Provide the NPP to each patient at their first service encounter and upon request.
- Post the NPP conspicuously in the reception area and on the organization's website.
- Maintain a process to document patient acknowledgment of receipt of the NPP.
- Respond to patient requests for PHI access, amendments, and restrictions in accordance with HIPAA timelines (generally 60 days).
- Provide an accounting of disclosures of PHI for the past six years upon request.
- Ensure the NPP reflects current practices and is updated as needed.
- The NPP will state when marketing/fundraising uses require written authorization and explain the right to opt out of fundraising communications without affecting care.

Patient Rights

- Access: Patients may request a copy of their PHI.
- Amendment: Patients may request corrections to their PHI within HIPAA timelines.
- Restrictions: Patients may request limitations on PHI use/disclosure.
- Confidential Communications: Patients may request contact via alternative means or locations.
- Accounting of Disclosures: Patients may request a record of disclosures for the last six years.
- Individuals may opt out of fundraising communications at any time; requests are honored and logged.

Procedures for Access & Amendments

- All patient requests for access or amendments must be submitted in writing to the Privacy Officer.
- Written responses must be issued within HIPAA timeframes.

Patient Restrictions on PHI (45 CFR §164.522)

Patients have the right to request restrictions on the use or disclosure of their PHI for treatment, payment, or healthcare operations.

- Requests must be submitted in writing using the Patient Restriction Request Form available at reception or online.
- The Privacy Officer will review requests within 10 business days to determine feasibility.
- **InclusiveNest Behavior Therapy** is not required to agree to every request, but once a restriction is accepted, it must be honored except in emergencies or when required by law.
- If a patient pays in full out-of-pocket and requests that related information not be shared with their health plan, the restriction must be approved.
- Approved restrictions are logged in the Patient Restriction Log, communicated to relevant staff, and stored in the patient record.
- Patients may modify or revoke a restriction by submitting a new written request.
- Records of restriction requests and responses will be maintained for six (6) years.

Substitute Notice Procedures (45 CFR §164.404(d))

When direct contact information for affected individuals is unavailable or outdated, **InclusiveNest Behavior Therapy** will use substitute notice methods to ensure individuals are properly informed of breaches involving unsecured PHI.

- The Privacy Officer determines when substitute notice is necessary after reasonable contact attempts fail.
- For fewer than 10 individuals: **InclusiveNest Behavior Therapy** may use telephone, alternative email, or notice to a personal representative.
- For 10 or more individuals: **InclusiveNest Behavior Therapy** will post a conspicuous notice on the organization's website for at least 90 days or use major print/broadcast media likely to reach the affected individuals.
- Substitute notice will include:
 - A brief description of the incident and the date it was discovered.
 - The types of PHI involved.
 - Steps individuals should take to protect themselves.
 - What the organization is doing to investigate and mitigate the issue.
 - Contact information for the Privacy Officer and a toll-free phone number active for at least 90 days.
- All substitute notices and records are retained for six (6) years in the Breach Notification Log.

Definitions

- PHI: Protected Health Information as defined by HIPAA.
- NPP: Notice of Privacy Practices, a document explaining how PHI is used and patient rights.

References

- HIPAA Privacy Rule (45 CFR §164.520)
- HIPAA Privacy Rule (45 CFR §164.522)

- HIPAA Breach Notification Rule (45 CFR §164.404(d))
- NIST CSF: PR.AC, PR.DS, PR.IP, DE.CM, RS.CO
- Organization's HIPAA Privacy and Breach Notification Policies

Waivers

Requests for policy waivers must follow the organization's Waiver Process.

Enforcement

Violations of this policy may result in disciplinary action, up to and including termination of employment or contracts, and legal penalties as permitted by law.