

HIPAA NOTICE OF PRIVACY PRACTICES

THIS IS A NOTICE DESCRIBING HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. Effective Date: January 1, 2011

As a behavioral health professional I will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

I. Uses And Disclosures Of Your Health Information For The Purposes Of Providing Services

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes without your consent, according to state and federal laws.

Treatment. I may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultation with other health care providers. However, in consultation, only information absolutely relevant to the consult will be disclosed. Personal and demographic information will be disclosed with professional discretion.

Payment. Information may be disclosed in order to obtain reimbursement for your healthcare. This may be needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims, and information needed for billing and collection purposes.

Healthcare Operations. I may need to use information about you to review activities that relate to the performance and operation of my practice. This could include such business-related matters as audits, case management, certification, compliance and licensing activities.

II. Uses and Disclosures Requiring Authorization

Any use or disclosure of your PHI for purposes outside of treatment, payment, and health care operations requires a written authorization from you. This authorization provides permission above and beyond the general consent and permits only specific disclosures.

III. Uses Or Disclosures Of Your Information Which Does Not Require Your Consent

I may be required to use or disclose your PHI without your consent or authorization in the following circumstances:

- **Abuse:** If you provide me with information that leads me to suspect child or elder abuse, neglect, or death due to maltreatment, I must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, I must comply.
- **Judicial or Administrative Proceedings:** I may share your information as required by law in the event of a subpoena or court order, or if a crime is committed on our premises.
- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Worker's Compensation:** If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patient's Rights

Right to request how I contact you. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to release your medical records. You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I acted in reliance on such authorization.

Right to inspect and copy your medical and billing records. You have the right to inspect and obtain a copy of your information contained in my medical records. Under limited circumstance I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

Right to add information or amend your medical records. If you feel that information contained in your medical record is incorrect or incomplete, you may ask me to add information to amend the record. Under certain circumstance, I may deny your request to add or amend information. On your request, I will discuss with you the details of the amendment process.

Right to an accounting of disclosure. You may request an accounting of any disclosures, if any, for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.

Right to request restrictions on uses and disclosures of your health information. You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing. However, I am not required to agree to such a request.

Right to complain. If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. I will not retaliate against an individual for filing such a complaint.

Right to receive changes in policy. You have the right to receive any future policy changes secondary to changes in state and federal laws.

Right to paper copy. You have the right to obtain a paper copy of this notice, even if you have agreed to receive the notice electronically.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by distributing in the office and/or by mail or email.

This signature indicates that I have received and read this notice in its entirety:

Date: ____/____/____