



## Notice of Privacy Practices

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*THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY. I AM REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION*

I am required by law to protect the privacy of health care information about you and that identifies you. This may be information about health care services that I provide or provided to you. It may also be information about your past, present, or future health care condition.

I am also required by law to provide you with this Privacy Notice explaining our legal duties and privacy practices with respect to health care information. I am legally bound to follow the terms of this Notice. In other words, I only allowed using and disclosing health care information in the manner that I have described in the Notice.

I reserve the right to make changes and to make the new Notice effective for all health care information that we maintain. If I make changes to the Notice, I will provide you with a copy by mail or provide it in hand at your next appointment. I will not disclose healthcare information about you without signed permission from you or your legally responsible person/personal representative unless otherwise permitted/required by state and federal confidentiality/privacy laws. If you sign a consent allowing me to disclose healthcare information about you, you may later revoke or cancel it (except in very limited circumstances related to insurance coverage).

### **How I May Use and Disclose Your Healthcare Information**

**Treatment:** Your Protected Health Information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, linking or managing your health care or services. This may also include with clinical supervisors or other treatment team members. I may also disclose information to other consultants only with your approval and consent.

**Payment:** I may disclose your information in order to receive or submit payment for treatment services provided to you. This will only be done with your approval and consent.

**Healthcare Operations:** I will use your health information for healthcare operations and to support business activities. In addition, information will be used in an effort to continually improve the quality and effectiveness of the services I provide. I may also contact you via email or phone to provide you appointment reminders or information about treatment choices and services that may be of interest to you.

**Required by Law:** Under the law, I must make disclosures of your PHI to you upon your request.

In addition, I must make disclosure to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization:** Applicable law and critical standards permit us to disclose information

about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

1. Required by Law, such as mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the professional counselor licensing board or the health department)
2. Required by Court Order
3. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Verbal Permission:** I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, with may be revoked.

#### **YOUR RIGHTS REGARDING PHI:**

**Right to inspect and request copy of record:** You have the right to review your record, however, restricted access may be granted only in exceptional circumstances to inspect and copy protected health information that may be used to make decisions about your care. Restrictions will only be enforced only when evidence is present that will or could cause serious harm to you. A fee may be charged for copies of records.

**Right to Request Amendment to Record:** If you believe that your health information is wrong or some information is missing in your record, you must make your request in writing. If I approve the request for amendment, I will change the information in your record, inform you, and tell others who need to know about the change.

**Right to Request an Accounting of Certain Disclosures:** You have the right to request an accounting by requesting information in writing.

**Right to Request a Restriction of Uses or Disclosures:** You have the right to ask that we limit how I use or disclose your healthcare information. I cannot agree to limit uses/disclosures that are required by law and am not required to agree with your request.

**Right to Request an Alternate Method of Contact:** You have the right to ask that I send your healthcare or billing information to or contact you at an address or phone number that is different than your home as well as to other locations or ways.

**Filing a Complaint:**

If you believe your privacy rights have been violated or you are dissatisfied with my privacy policies, procedures or practice, you can file a complaint or grievance in person or in writing at North Carolina Division of Health Services - Complaint Intake Unit 2711 Mail Service Center, Raleigh, NC 27699-2711 Phone: **1-800-624-3004 (within N.C.) or 919-855-4500**. There will be no retaliation against you for filing a complaint.