

HIPAA Notice of Privacy Practices

Effective Date: 9/20/2013

This notice describes how personal information about you may be used and disclosed, and how you can get access to this information. This information will include the Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Please review it carefully.

My Pledge Regarding Health Information

I understand that health information about you and your health care is personal. I will collect personal information about you and receive such records from others. I will create a record of the care and services you receive from me and store it in a chart or electronic health record. This is your mental health record and is the property of my practice, but the information in the mental health record belongs to you. I will use these records to provide you with quality care, to obtain payment for services provided to you as allowed by your health plan and to enable us to comply with certain legal requirements. This notice applies to all of the records of your care generated through my work with you, the patient. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations. If you have any questions about this notice or how your Protected Health Information (PHI) is used, please contact me.

I am Required by Law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify affected individuals following a breach of unsecured protected health information
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website. If you have any questions about this Notice, please contact me, the Privacy Officer.

How I May Use (Inside Practice) or Disclose (Outside Practice) Your Health Information

North Carolina law protects the privacy of communications regarding mental health treatment between you and your mental health provider. Before disclosing mental health information about you to others for treatment, payment, or health care operations, I will request that you sign a written form giving me permission to make the disclosure. I can use and disclose your personal health information without your authorization for the following reasons:

- **Four Your Treatment:** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so. If I were to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your person health information, which is otherwise confidential, in order get assistance in the diagnosis and treatment of your mental health condition.
- **To Obtain Payment for Your Treatment:** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
- **For Health Care Operations:** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws, including fraud, abuse detection, compliance programs, business planning and management. I may also share your PHI with my "business associates" or services that perform administrative services for my practice. I have written contract with each of these business associate that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI.
- **Sign-In Sheet.** I may use and disclose medical information about you by having you sign in when you arrive at my office. I may also call out your name when we are ready to see me.

Certain Uses and Disclosures Require Your Authorization:

Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a) For my use in treating you.
- b) For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c) For my use in defending myself in legal proceedings instituted by you.
- d) For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e) Required by law and the use or disclosure is limited to the requirements of such law.
- f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g) Required by a coroner who is performing duties authorized by law.
- h) Required to help avert a serious threat to the health and safety of others.

You may request a copy of these records at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.

- 1) **Marketing Purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- 2) **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. I may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of the disease.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
12. Within a program for activities related to the provision of substance abuse diagnosis, treatment, or referral for treatment.
13. Pursuant to a "qualified service organization agreement," which is similar to a "business associate agreement" under HIPAA.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

You Have the Following Rights with Respect to Your Personal Health Information:

1. **Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Complaints

If you think I may have violated your privacy rights, you have the right to file a complaint with me, the Privacy Officer, Joseph Rengifo at 910-777-5575. My address and telephone number are at the beginning of this document. You may also choose to file a complaint with the Secretary of Health and Human Services Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or, visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.

Thank you for allowing me the opportunity to serve you.