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**NOTICE REGARDING PATIENT RECORDS PRIVACY:  
POLICIES AND PROCEDURES**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I AM REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION (PHI) AND GIVE YOU NOTICE OF MY LEGAL DUTIES AND PRIVACY PRACTICES:

- I must protect PHI regarding: any PHI I have created or received about your past, present or future health conditions; health care services provided to you; or payment for that care.
- I must notify you about how I protect PHI about you.
- I must explain how, when and why I use and / or disclose your PHI.
- I may only use and / or disclose PHI as we have described in this notice.
- I reserve the right to change the terms of this notice and to make new notice provisions for all PHI I maintain. Any changes will apply to all PHI. Any updated Notices will be mailed to you.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* without your authorization for the following purposes:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another counselor.
  - *Payment* is when I obtain reimbursement for your health care. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for you health care or to determine eligibility of coverage.
  - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matter such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- “*Disclosure*” applies to activities outside my office, such as releasing, transferring, or providing access to information about you to other parties. (e.g. insurance providers, outside referrals)

## **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization form you before releasing this information.

If you are or have been a patient receiving psychotherapy, I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures with Neither Consent nor Authorization**

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

- **Child Abuse:** If you give me information which leads me to suspect child 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 the information from you records relevant to a child protective services investigation, I must do so.
- **Adult and Domestic Abuse:** If information you give me gives me reasonable cause to believe that disabled adult is in need of protective services, I must report this to the Director of Social Services.
- **Health Oversight:** A Health Oversight Agency, such as the North Carolina Medical Board or The North Carolina Board of Professional Counselors have the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court

proceeding, and a request is made for the information about the professional services that I have provided you and/or the records thereof, such information is privileged under the state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance of this is the case.

- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from serious threat of harm by you.
- **Worker's Compensation:** If you file worker's 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. Medical PHI may be disclosed to comply with worker's compensation laws or similar programs.

#### **IV. Patient's Rights, Physician's and Psychologist's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions*-You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means at Alternative Locations*-You have the right to request and receive confidential communications of PHI by alternative means at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy*- You have the right to inspect or obtain a copy (or both) of PHI in my medical and/or mental health and billing records used to make decisions about you as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have the decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend*-You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting*-You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this notice). On your request, I will discuss with you the details of the accounting process.

- *Right to a Paper Copy*-You have the right to obtain a paper copy of the notice from me upon request, even if you agreed to receive the notice electronically.
- *Right to Breach Notifications*-You have the right to receive notification of any breach of your PHI.

Licensed Professional Counselor Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I revise our policies and procedures, I will provide patients with a revised notice either by mail or posted in our office.

**V. Questions and Complaints:** If you have questions about this notice, disagree with a decision we make about the access to your records, or have other concerns about your privacy rights, you may contact Ellen Dudley, Licensed Professional Counselor at (910) 344-0480. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

**VI. Effective Date, Restrictions and Changes to Privacy Policy:** August 22, 2013.