

PRIVACY POLICY

My practice follows professional standards and laws to protect your privacy. Federal laws require me to provide you with a notice of my privacy practices.

This notice describes how your individual identifiable information may be used or disclosed. Also, this notice describes how you may get access to your individual identifiable information that is maintained by my Practice. Please read this notice and ask any questions you have on how your information is kept confidential.

What is the HIPAA Privacy Rule?

Under the HIPAA Privacy Rule, and in accordance with North Carolina state law, I am required to keep any information about your health, called "protected health information (PHI)," private. With your consent, I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations.

Here are some definitions to help clarify these terms:

"PHI" refers to information in your health record that could identify you. It includes:

- ❖ your name and address;
- ❖ your past, present, or future physical or mental health condition;
- ❖ our treatment goals,
- ❖ payment for your treatment.

"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 you consult with another health care provider, such as your family physician or another therapist
- ❖ Payment is when I get paid to work with you. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine whether I am covered under your insurance.
- ❖ Health Care Operations are what I do to run my practice. Examples of healthcare operations are: quality assessment and improvement activities, business-related matters 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 identifying you.

"Disclosure" applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.

“Psychotherapy Notes” means the separate notes I take about our conversations during our private, group, couples or family therapy sessions. Psychotherapy notes do not include: medication prescription and monitoring, therapy session start and stop times, when we meet, the kind of therapy we are doing, results of clinical tests, diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

What PHI information will I release or request?

I will make every effort to protect your privacy and I will release and request only the minimum necessary information about you for your treatment from other people or agencies. I will require anyone who asks for your records to do the same.

Ways I Can Use and Disclose Information WITHOUT Your Permission

I will ask for your written permission or authorization to share or obtain information with others. However, I may use and disclose information about you in the following circumstances:

- ❖ **Treatment:** I may use your information and disclose it to manage or coordinate treatment provided to you. For example, I may share information with another therapist or your physician to coordinate services.
- ❖ **Payment:** I may use and disclose necessary information about you to obtain payment for my services. For example, this information could include information that your health insurance plan may require before it approves or pays for treatment services I recommend for you.
- ❖ **Health Care Operations:** I may need to use or disclose information for my practice activities. Examples of these activities include: Compliance activities to ensure I am properly following policies, procedures, laws, regulations, and professional standards.

I may use or disclose information about you in several other circumstances in which you do not have an opportunity to agree or object. These situations include:

1. **Required by Law:** I may need to disclose information for judicial or other administrative proceedings. For example, I may need to disclose information in response to a court order.
2. **Abuse or Neglect:** I am required to disclose information if I believe that you or a family member has been a victim or abuse or neglect OR if you or a family member is abusing or neglecting another person.
3. **Danger to Self or Others:** I am required to take steps to prevent you from harming yourself or another person.
4. **Law Enforcement:** Law enforcement purposes may include: Legal processes required by law, Limited information requests for identification and location purposes pertaining to victims of a crime, in the event a crime occurs on our premises.
5. **Public Health:** I may be required by law to report health related information for public health activities.
6. **Other circumstances:** Although not typically encountered in my practice, there are other situations where I may disclose information without your written authorization. Examples of these circumstances include information on veterans or national security activities.

For any reason, other than those listed above, I will ask you for your written authorization before I can use or disclose any information about you. Also, any authorization can be canceled any time in writing. (If you tell me you are canceling an authorization, I will have you sign a request during the current or next visit.) If cancelled, I will no longer disclose information that was allowed under that specific authorization.

Important: Therapy notes have special protection and I will not release or disclose therapy notes without your permission to do so, except when required by law.

Your Rights About Your Private Identifiable Information

1. **Request Restrictions:** You may request further restrictions on our uses and disclosures of your information. We may not be able to agree to all requested restrictions. Please let us know if you want specific restrictions on your information.
2. **Different Ways to Communicate:** I will communicate via email and/or telephone. Please let me know if there is a different way you would like me to contact you. For example, you may or may not want messages left on your voice mail or answering machine. You may ask me to contact you at a specific address or phone. Please note that cell phones and e-mail may not offer confidentiality or privacy.
3. **Right to See and Copy Information:** You may see and receive copies of the information maintained in your designated record. I may charge for copying your designated record. Please note that therapy notes are not part of your designated record. Because therapy notes are not part of your designated record, you may not have access to your therapy notes. If you want to see your therapy notes, please speak with me.
4. **Right to Request Amendment of Your Information:** You may request that information about you may be amended or changed. I may deny your request if I did not create the information (it was obtained from another source.) Also, I may deny your request if I believe the information is correct. Denials will be written and will describe your rights for further review. If we agree to amend, we will make reasonable efforts to share with any person who may have received your information that it needs amending. Please ask us if you want to amend your information that we maintain in your designated record.
5. **Listing of Disclosures I Have Made:** You may request a list of disclosures of your information for up to the last six (6) years, made after April 14, 2003 (when the Federal Privacy Rule took effect) or disclosures related to your treatment, payment or my practice operations, and those disclosures required by law. Ask me if you desire a list of disclosures.
6. **Copy of This Notice:** You may request a copy of this notice at any time.
7. **You May File a Complaint About My Privacy Practice:** If you think I have violated your privacy rights described in this notice, you may complain to me or you may send a written complaint to the Secretary, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DS 20201, or by calling 202.619.0257.