

Notice of Policies and Practices to Protect the Privacy Of Your Health Information

THIS NOTICE DESCRIBED 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.

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

Your Licensed Behavioral Health Provider (LBHP) may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent.

“PHI” refers to information in your health record that could identify you.

“Treatment, Payment and Health Care Operations”

- **treatment** is when your LBPH provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your LBHP consults with another health care provider, such as your family physician or another psychologist.
- **payment** is when your LBHP obtains reimbursement for your health care. Examples of payment are when your LBHP discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits or 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 of my office, such as releasing, transferring, or providing access to information about you to other parties.

11. Uses and Disclosures Requiring Authorization

Your LBHP may use or disclose PHI for purposes outside of treatment, payment, and healthcare 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 information is requested for purposes outside of treatment, payment, and health care operations, your LBHP will obtain an authorization from you before releasing this information. Your LBHP will also need to obtain authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes made about your conversations during a private, group, joint, or family counseling session which your LBHP has 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 (for PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your LBHP has acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provided the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child abuse/neglect:** If you provide information that leads to suspicion of child abuse, neglect, or death due to maltreatment, your LBHP 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, your LBHP must do so.
- **Adult and Domestic Abuse:** If you share information during assessment and treatment services, that gives reasonable cause to believe that a disabled adult is in need of protective services, your LBHP must report this to the director of social services.
- **Health oversight:** The North Carolina Psychology Board has the power necessary to subpoena relevant records should your evaluator or therapist be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about professional services that have provided to you, and/or the records thereof, such information is privileged under state law and your LBHP must not release this information without your written authorization or court order. This privilege does not apply when you are being evaluated for a third-party or when the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** Your LBHP may disclose your confidential information to protect you or others from serious threat of harm by you.
- **Worker's Compensation:** If you file a Worker's Compensation claim, your LBHP is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patients' Rights and LBHP Duties:

Patients' Rights:

- It is the policy of the State of NC, and this facility, that each client who is admitted to services has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness/developmental disability/substance abuse. Each client has the right to an individualized written treatment or habilitation plan setting forth the program or course to maximize the development or restoration of his capabilities, in keeping with GS 122C-51. Your signature on the Client Services Agreement indicates your consent for treatment. You may revoke your consent for treatment at any time.
- **Right to contact Disability Rights North Carolina:** You have the right to contact Disability Rights NC at 919-856-2195 for additional information or to report any concerns related to your rights as stated within this policy.
- **Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI about you; however, your LBHP is not required to agree to a restriction you request.

- Right to receive confidential communications by alternative means and at alternative locations:

You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not wish for a family member to know you are receiving services, and, upon request, your LBHP will send your bills and correspondence to another address.

- Right to Inspect and Copy: You have the right to inspect or obtain a copy, (or both) of your PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your LBHP may deny access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your LBHP will discuss with you the details of the request and the 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. Your LBHP may deny your request. On your request, your LBHP on your requester I'll BHP will discuss with you the details of the amendment process paragraph right to an accounting you generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent or authorization as described in section 3 of this notice once on your requester L BHP 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 your LBHP upon request, even if you have already received the notice electronically.

LBHP Duties:

Your LBHP is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to private PHI. Your LBHP reserves the right to change the privacy and practices described in this notice. Unless you are notified of such changes however, your LBHP is required to abide by the terms currently in effect. If your LBHP revises its policies and procedures, your LBHP will notify you of these revisions by posting a revised notice in the waiting room and by making a copy available upon your request.

V. Complaints

If you are concerned that your LBHP has violated your privacy rights or you disagree with a decision made about access to your records, you may contact Maureen Migliore, MS, LPA at [252-838-1605](tel:252-838-1605) to discuss your complaint and receive further information. You may also send a written complaint to the secretary of the US Department of Health and Human Services, at 919-855-4800. If you are a Medicaid consumer, you may contact the customer line at 877-685-2415.

VI: Effective Dates:

These restrictions and changes to privacy policy this notice will go into effect on November 18, 2016 your LB HP reserves the right to change the terms of this notification and to make the new notice provisions effective for all PHI that it maintains. Your LBHP will provide you with a revised notice by posting it in the waiting room and making copies available upon your request.