

## NOTICE OF PRIVACY PRACTICES

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

Your clinician may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

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

“*Treatment, Payment, and Health Care Operations*”

*Treatment* is when your clinician provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your clinician consults with another health care provider, such as your family physician or another psychologist.

*Payment* is when your clinician obtains reimbursement for your healthcare.

*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 matters such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within our offices, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

### II. Uses and Disclosures Requiring Authorization

Your clinician 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 your clinician is asked for information for purposes outside treatment, payment and health care operations, we will obtain an authorization from you before releasing information. Your clinician will also need to obtain an authorization before releasing your psychotherapy notes. All consults that are made with another professional will be documented in your clinical record. “*Psychotherapy notes*” are notes that your clinician may have made about conversations during a private, group, joint, or family counseling session, which have been 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, provide each revocation is in writing. You may not revoke an authorization to the extent that (1) your clinician has 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

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

- **Child Abuse:** If information is given that leads your clinician to suspect child abuse, neglect, or death due to maltreatment, your clinician 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 clinician must do so.
- **Adult and Domestic Abuse:** If your clinician believes there is reasonable cause to believe that a disabled adult is in need of protective services, your clinician must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should your clinician be the focus of an inquiry.
- **Serious Threat to Health or Safety:** Your clinician may disclose your confidential information to protect you or others from a serious threat of harm by you.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that have been provided to you and/or the records thereof, such information is privileged under state law, and your clinician must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Worker's Compensation:** If you file a workers' compensation claim, your clinician is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

#### IV. Patient's Rights 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, your clinician 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.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in your clinician's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your clinician may deny you access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, your clinician 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. Your clinician may deny your request. Upon your request, your clinician 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, your clinician 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 clinician upon request, even if you have agreed to receive the notice electronically.

##### Psychologist's Duties:

- Your clinician is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- *Triangle Center for Behavioral Health* and your clinician reserve the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, we are required to abide by the terms currently in effect.
- If our policies and procedures are revised, changes will be posted in our offices, discussed with you during your next session and you will be provided with a copy of the changes upon request.

#### V. Questions and Complaints

If you have questions about this notice, disagree with a decision your clinician makes about access to your records, or have other concerns about your privacy rights, you may discuss this further with your clinician at any time.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to our office. You may also send a written complaint to:

Secretary of the U.S. Department of Health and Human Services  
 Office of Civil Rights Medical Privacy Complaint Division  
 200 Independence Avenue, SW  
 Washington, DC 20201  
 Phone: 866-627-7748