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

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our professional standards. Because the rules are complicated, some parts of this Notice are quite detailed and you may want to read it several times to ensure understanding. If you have any questions, I, Linda M. Smith, as Privacy Officer, will be happy to help you. My name and address are listed at the top and the end of this document.

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A. Introduction - To My Clients

This notice will tell you about how I handle information about you. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. I am also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and I don't want to make you read a lot that may not apply to you, I have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask me for more explanation or details or visit <http://www.hhs.gov/ocr/hipaa/privacy.html>

B. What we mean by *your medical information*

Each time you visit my office or any doctor's office, hospital, clinic, or any other "healthcare provider" information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you got from me or from others, or about payment for healthcare. The information we collect from you is called, in the law, "PHI" which stands for Protected Health Information. This information goes into your medical or healthcare record or file at my office. In this office, the PHI is likely to include these kinds of information:

- Your history. As a child, in school and at work, as well as marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.

- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services that I think will best help you.
- Progress notes. Each time you come in I write down some things about how you are doing, what I observe about you, and what you tell me.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

This list is just to give you an idea of the type of PHI, and there may be other kinds of information that go into your healthcare record here.

I use this information for many purposes. For example, I may use it:

- To plan your care and treatment
- To decide how well our treatments are working for you
- When I talk with other healthcare professionals who are also treating you such as your family doctor or the professional who may have referred you to me
- To show that you actually received the services from me which I billed to you or to your health insurance company
- For teaching and training other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve health care in this country
- To improve the way I do my job by measuring the results of my work

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy, I can make one for you but may charge you for the time involved, costs of copying and mailing. In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask me to amend (add information to) your record, although in some situations I do not have to agree to do that. Ask if you desire more explanation about this.

C. Privacy and the laws

The HIPAA law requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices, which is called the **Notice of Privacy Practices** or **NPP**. I will obey the rules of this notice as long as it is in effect, but if I change it, the rules of the new NPP will apply to all the PHI I keep. If I change the NPP I will post the new Notice in my office where everyone can see it. You or anyone else can also get a copy from me at any time.

D. How your protected health information can be used and shared

When your information is read by others or me in this office that is called, in the law, “**use**.” If the information is shared with or sent to others outside this office, that is called, in the law, “**disclosure**.” Except in some special circumstances, when I use your PHI here or disclose it to others we share only the **minimum necessary** PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed, and so I will tell you more about what I do with your information.

I use and disclose PHI for several reasons. Mainly, I will use and disclose (share) it for routine purposes and I will explain more about these below. For other uses I must tell you about them and have a written Authorization from you unless the law lets or requires me to make the use or disclosure without your authorization. However, the law also says that I am allowed to make some uses and disclosures without your consent or authorization.

1. Uses and disclosures of PHI in healthcare *with your consent*

After you have read this Notice you will be asked to sign a separate **Consent form** to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for my services, or some other business functions called health

care **operations**. Together these routine purposes are called TPO and the Consent form allows me to use and disclose your PHI for TPO. Re-read that last sentence until it is clear because it is very important.

1a. For treatment, payment, or health care operations.

I need information about you and your condition to provide care to you. You have to agree to let me collect the information and to use it and share it as necessary to care for you properly. Therefore, you must sign the Consent form before I begin to treat you because if you do not agree and consent, I cannot treat you.

When you come to see me, several people in my office may collect information about you and all of it may go into your healthcare records here. Generally, I may use or disclose your PHI for three purposes: *treatment, obtaining payment for services, and healthcare operations*. A description of these follows.

For treatment

I use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of my services.

I may share or disclose your PHI to others who provide treatment to you. I am likely to share your information with your personal physician. If a team is treating you, I can share some of your PHI with them so that the services you receive will be coordinated. They will also enter their findings, the actions they took, and their plans into your record so we all can decide what treatments work best for you and make up a Treatment Plan. I may refer you to other professionals or consultants for services I cannot offer such as special testing or treatments. When I do this I need to tell them some things about you and your conditions. I will get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment

I may use your information to bill you, your insurance, or others to be paid for the treatment I provide to you. We may contact your insurance to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things.

For health care operations

There are some other ways I may use or disclose your PHI which are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and identity will be removed from what I send.

1b. Other uses in healthcare

Appointment Reminders. I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work or prefer some other way to reach you, I usually can arrange that. Just tell me.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. I may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.

Business Associates. There are some jobs I hire other businesses/individuals to do for me. In the law, they are called my Business Associates. Examples include a copy service to make copies of your health record and a billing/insurance service that figures out, prints, and mails my bills and insurance claims. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy they have agreed in their contract with me to safeguard your information.

2. Uses and disclosures requiring your Authorization

If I want to use your information for any purpose besides the TPO or those I described above, I need your permission on an **Authorization form**. If you authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time I will not use or disclose your information for the purposes we agreed to. Of course, I cannot take back any information I had already disclosed with your permission or that I had used in my office.

3. Uses and disclosures of PHI from mental health records *Not requiring Consent or Authorization*

The laws let me use and disclose some of your PHI without your consent or authorization in some cases.

When required by law

There are some federal, state, or local laws that require me to disclose PHI.

- I have to report suspected child abuse or neglect or elder abuse or neglect.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- I have to release (disclose) some information to the government agencies that check on me to see that I am obeying the privacy laws.

For Law Enforcement Purposes

I may release medical information if asked to do so by law enforcement officials to investigate a crime or criminal.

For public health activities

I might disclose some of your PHI to agencies that investigate diseases or injuries.

Relating to decedents

I might disclose PHI to coroners, medical examiners or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

To Prevent a Serious Threat to Health or Safety

If I determine that there is a serious threat to your health or safety or to that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

4. Uses and disclosures requiring you to have an *opportunity to object*

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about whom you want me to tell what information about your condition or treatment. You can tell me what you want and I will honor your wishes as long as it is not against the law.

If it is an emergency—so I cannot ask if you disagree—I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you do not approve I will stop, as long as it is not against the law.

5. An *Accounting of disclosures*

When I disclose your PHI, I keep records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of these disclosures.

E. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please see me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, please see me. You have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services. I will not in any way limit your care here or take action against you if you complain. If you have questions regarding this notice or my health information privacy policies, please contact me, Linda M. Smith, Privacy Officer, at 1122 Sam Newell Road, Suite 106, Matthews, NC 28105, telephone number 704-330-9744.

The effective date of this notice is April 14, 2003.