

Newcastle Family Therapy, PLLC
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HIPAA NOTICE OF PRIVACY PRACTICES

Effective April 13, 2013
Modified August 16, 2016

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

II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law I am required to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office and on my website. You may also request a copy of this Notice from me, or you may view a copy of it on my website which is located at www.newcastlefamilytherapy.com.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Not Requiring Your Prior Written Consent

This practitioner may use and disclose your protected health information (PHI), for treatment, payment, and health care operations purposes without your consent in the following ways:

Treatment: This practitioner may use and share PHI with others to provide and coordinate your healthcare treatment. An example of treatment is when this practitioner

consults with another health care professional such as your family practitioner or another therapist.

To Obtain Payment for Treatment: This practitioner may use and share PHI with others (health plans, insurance companies) to bill and collect payment for services provided to you.

Healthcare operations: This practitioner may use and disclose PHI with others in order to make improvements to services in business-related matters such as audits.

Reminders: This practitioner may use and disclose PHI to remind you about an appointment you have with this practitioner.

Business Associates: This practitioner may use and disclose PHI to provide some services through other businesses we call business associates in order for them to do the job we ask them to do (appointment reminder systems). When we do this we require the business associate to keep health information about you private.

Other disclosures: Your consent isn't required if you need emergency treatment provided. In the event that I try and get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think you would consent to such treatment if you could, I may disclose your PHI.

B. Uses and Disclosures Requiring Authorization

This practitioner may use or disclose PHI for purposes of outside 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 this practitioner is asked for information outside of treatment, payment and health care operations, this practitioner will obtain an authorization from you before releasing this information. This practitioner will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" refers to notes this practitioner may have made about conversations during a private, group, joint, or family counseling session, which this clinician may 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) This provider 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.

C. Certain Other Uses and Disclosures Requiring Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorization for the following reasons:

Abuse: If this provider has reason to suspect that a child is abused or neglected, this provider is required by law to report the matter immediately to the North Carolina Department of Social Services.

Adult and Domestic Abuse: If this provider has reason to suspect that an adult is abused, neglected, or exploited, this provider is required by law to immediately make a report and provide relevant information to the North Carolina Department of Welfare or Social Services.

Health Oversight: The North Carolina Marriage and Family Therapy Licensure Board has the power, when necessary, to subpoena relevant records should this provider be the focus of an inquiry.

Judicial or Administrative Proceedings: Confidential information may be disclosed if a court issues a compelling disclosure; for the purposes of filing a petition for involuntary commitment; if an individual is a defendant in a criminal case and a mental examination has been ordered; for the purposes of complying with Article 3 of 7B of the General Statutes and Article 6 or Chapter 108A of the General statutes, or as required by other state or federal law.

Care and Treatment: Any treatment provider may share confidential information with another provider when necessary to coordinate effective care, treatment or habilitation; a responsible professional may share confidential information with a physician or other health care provider who is providing emergency services to the client; if there is reason to believe that the client is eligible for financial benefits through a government agency a facility may disclose confidential information to State, local, or federal government agencies; if there is reason to believe the client is eligible for educational services through a government agency;

Serious Threat to Health or Safety: If this provider is engaged in her professional duties and you communicate to her a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and this provider believes you have the intent and ability to carry out that threat immediately or imminently, this provider must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 19; or (2) notifying a law enforcement officer.

Worker's Compensation: If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Research and planning: Public or private agencies may use confidential information for the purposes of research and evaluation in the areas of mental health, developmental disabilities, and substance abuse.

If disclosure is otherwise specifically required by law

IV. PATIENT'S RIGHTS

These are your rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of your PHI: You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

The 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 want a family member to know that you are seeing this provider. Upon your request, I will send your bills to another address.)

The Right to Inspect and Copy your PHI: You have the right to inspect or obtain a copy (or both) of your PHI used to make decisions about you for 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 this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

The Right to Amend: If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of my records, or d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) in your PHI.

The Right to an Accounting of Disclosures: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, this provider will discuss with you the details of the accounting process.

The Right to Treatment: You have a right to treatment, including access to medical care and habilitation, regardless of your age/degree of MH/DD/SA disability. The treatment you receive will be age-appropriate.

The Right to Refuse Treatment.

The Right to Privacy, Humane Care, and Collaboration with your Therapist Regarding your Goals..

The Right to Request a Copy of Your Treatment Plan.

The Right to a Paper Copy of this Notice.

V. COMPLAINTS

If you are concerned that this provider has violated your privacy rights, or if you disagree with a decision made about the access to your PHI, a direct conversation is welcomed and assurances are made that no retaliation will be made.

You may also send a written complaint to the secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W. Washington, DC 20201.

You may also make a complaint to the North Carolina Licensed Marriage and Family Therapy Board/North Carolina Association of Marriage and Family Therapy (NCAMFT).

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint please contact me, Laurie W. Howell, LMFT at laurie.howell@gmail.com or 704.650.9425.

VII. NOTIFICATION OF BREACHES

In the case of a breach, Laurie W. Howell, LMFT is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Laurie W. Howell, LMFT is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, Office for Civil Rights (Health and Human Services) must be notified in accordance with instructions posted on their website. Laurie W. Howell, LMFT bears the ultimate burden of proof to demonstrate that all notifications were given or that impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation related to a risk assessment.

VIII. PHI AFTER DEATH

Laurie W. Howell, LMFT may disclose deceased individuals PHI to non-family members, as well as to family members, who were involved in the care or payment for healthcare of the patient prior to death. The disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preferences of the deceased individual.

IX. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES: RIGHT OF ACCESS

Laurie W. Howell, LMFT is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full.

Laurie W. Howell, LMFT must provide you, the patient, a copy of PHI if you request it in electronic form. The electronic format must be provided to you if it is readily producible.

Laurie W. Howell, LMFT must provide you only with an electronic copy of your PHI, not direct access to electronic health record systems.

Laurie W. Howell, LMFT may, upon your request, transmit an electronic copy of PHI to an entity or person designated by you.

Laurie W. Howell, LMFT may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any).

My signature below indicates that I have reviewed and understand the above document and I am acknowledging that I have a copy for my records.

Signature of client or parent/guardian

Date