

Notice of Privacy Practices

**Brassfield Center for Psychotherapy
and Personal Development
2012 New Garden Road, Suite E
Greensboro, NC 27410
(336)288-0588**

WHAT IS THIS ALL ABOUT?

HIPAA (Health Insurance Portability and Accountability Act) was enacted by the Federal Government in 1996. It serves a number of purposes: 1) It allows persons to qualify immediately for comparable health insurance coverage when they change employers; 2) It mandates the use of codes and format standards for the electronic exchange of healthcare data; 3) It requires the use of national identification systems for healthcare patients, providers, payers (or insurance plans), and employers (or sponsors); and 4) It mandates measures be taken to protect the security and privacy of personally identifiable healthcare information, and that patients have a right to access their healthcare information. The U.S. Department of Health and Human Services has the responsibility for oversight of these mandates.

**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**

These Practices are effective April 14, 2003 and remains in effect until replaced.

**If you have any questions or requests,
please contact our Security Officer at the telephone number listed above.**

A. OUR LEGAL DUTY:

The Law Requires Us to:

- Keep health information about you that can be identified with you (**Protected Health Information, or PHI**), private.
- Make a copy of this Notice describing our legal duties, privacy practices, and your rights regarding your medical/health information available to you.
- Follow the terms of this Notice of Privacy Practices that is now in effect.

We have the Right to:

- Change the terms of this Notice at any time, provided they are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical/mental health information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before making an important change in our privacy practices, we will change this notice, post the revised notice in our office; and make copies of the revised notice available upon request.

B. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

The following section describes different ways that we may disclose **protected health information (PHI)**. Such information may include, but is not limited to: name of doctor providing services, summary of diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, frequency of treatment, session dates and duration, medications, and results of clinical tests. PHI disclosed in this category does **not** include psychotherapy notes. Psychotherapy notes are separate from other PHI and are discussed in a special section below. We will not disclose your PHI for any purpose not listed below, without your specific written authorization.

Consent for Disclosure of PHI for Treatment, Payment, Health Care Operations (TPO):

We may disclose PHI without your specific authorization for treatment, payment, and health care operations.

- **For Treatment:** We may disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. In addition, we may disclose PHI about you when referring you to another health care provider.

- **For Payment:** Generally, we may give your PHI to others, i.e. insurance company, billing agency, or collection agency, to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services and during treatment, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment.
- **For Health Care Operations:** We may disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. Examples include 1) cooperating with outside organizations that assess the quality of the care we provide, i.e. inspections or audits, 2) assisting various people who review our activities, i.e., accountants, lawyers, and others who assist us in complying with applicable laws, 3) conducting business management and general administrative activities related to our organization and the services it provides, and 4) complying with this Notice and with applicable laws.
- **For appointment reminders, etc.:** We may contact you to provide appointment reminders or other health-related information that may be of interest to you. If you do not want to consent to this specific use of your PHI, please contact our office.

While specific authorization is not required for these uses and disclosures, we ask that you sign a general consent form for the use and disclosure of PHI for such treatment, payment, operations use as described above. You have the right to refuse to sign such a consent form; however, we may refuse treatment if such consent is not signed.

We may disclose PHI (including psychotherapy notes) under other circumstances without your authorization:

By law, we may disclose PHI about you, including psychotherapy notes, in a number of circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. Those circumstances include:

- When required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- For health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.

- For judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal or to defend ourselves against a lawsuit or legal proceedings brought against us by yourself.
- For law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the disclosure is about a decedent.
- When the disclosure is for organ donation purposes.
- For certain research purposes in an institutional setting with a Review Board.
- To avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of yourself or others.
- For specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- For workers' compensation functions.

OTHER DISCLOSURES OF PHI REQUIRE YOUR WRITTEN AUTHORIZATION:

Under any circumstances other than those listed above, we must obtain your written authorization before we disclose PHI about you. Specific authorization obtained will include: a description of information to be used/disclosed, the name or specific identification of person authorized to make the disclosure; the name or specific identification to whom the information is to be disclosed; the purpose of the disclosure; the expiration date or event of the disclosure; and the signature of the client authorizing disclosure along with the date of the authorization. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not make further disclosures after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

PSYCHOTHERAPY NOTES:

Specific written authorization will be obtained from the client for the release of psychotherapy notes except in special situations noted above. Psychotherapy notes are defined as notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private, group, joint, or family counseling session, and that are separated from the rest of the individual's medical record. Excluded from this definition of psychotherapy notes includes, but is not limited to: frequency, dates, and duration of treatment, summary of diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, results of clinical tests, and medication prescriptions and monitoring.

C. YOUR INDIVIDUAL RIGHTS:

1. You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described above. Such request for restriction must be submitted to our office in writing.
2. You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by e-mail. Your request must be submitted in writing to our office. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.
3. You have the right to inspect and/or receive a copy of your PHI (excluding psychotherapy notes). Your request must be submitted in writing to our office. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. We will inform you of our decision to grant or deny access to your PHI within 30 days of receipt of the request.
4. You may request to inspect and/or receive a summary of your psychotherapy notes; however, your request may be denied. If your request is denied, we will respond to you in writing, stating why we will not grant your request. You do not have any rights for a review of our denial. We will inform you of our decision to grant or deny access to your psychotherapy notes within 30 days of receipt of the request.
5. You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We will act upon your request within 60 days of receipt of the request. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amended information.

6. You have the right to request in writing a written list of our disclosures of PHI about you other than for treatment, payment, and health care operations, disclosures to yourself, and disclosures for which you previously provided written authorization. You may ask for disclosures made up to six (6) years prior to your request (not including disclosures made prior to April 14, 2003). If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.
7. You have the right to request a paper copy of this Notice at any time by contacting our office.

D. QUESTIONS AND COMPLAINTS:

If you have questions about this notice, you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact our Security Officer at the address and telephone number listed below. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any retaliatory action against you or change our treatment of you in any way.

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