

North Carolina Notice of Privacy Practices-HIPAA (Health Insurance Portability & Accounting Act)

This notice involves your privacy rights and describes how psychological & medical information about you may be used & disclosed and how you may have access to this information. The clinician is required by Federal regulation to provide notice in writing.

As a rule, the clinician will disclose no information obtained from your contacts with him/ her, or the fact that you are his/ her client, except with your written consent. There are some important exceptions to confidentiality. We will discuss these issues now, but you may re-open the conversation at any time during our work together.

1) Rebecca J. Hedgecock, MA, NCC, LPC. may use or disclose your protected health information (PHI), for treatment, payment, & health care operations purposes **with your consent**. To help clarify these terms, here are some definitions:

- (a) "PHI" refers to information in your health record that could identify you.
- (b) "Treatment" is when the clinician provides or coordinates your mental health care. An example may be if she/he consults with your physician, psychiatrist, or another mental health provider.
- (c) "Payment" is when the clinician obtains reimbursement for your mental health care.
- (d) "Health care operations" are activities that relate to the performance of the clinician' practice. Examples may include audits, quality improvement activities, and care coordination.
- (e) "Use" applies only to activities within the practice.
- (f) "Disclosure" applies to activities outside of the practice such as releasing, transferring, or providing access to information about you to other parties.

2) Uses and Disclosures Requiring Authorization

The clinician may use or disclose PHI for purposes outside of treatment, payment, & health care operations when your appropriate authorization is obtained. "Psychotherapy notes" are notes made during or following a therapy session. Psychotherapy notes are given a higher degree of protection than protected health information. Authorization is made in writing for release of records. You may revoke this at any time, provided each revocation is in writing. You may not revoke an authorization after the information has already been released.

3) Uses and Disclosures with Neither Consent or Authorization

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

Child Abuse. If the clinician is given information that leads her to suspect child abuse, neglect, or death due to maltreatment, s/he must report such information to the Department of Social Services. If asked to turn over information to DSS from your record relevant to a child protective services investigation, she/he is required by law to comply.

Adult and Domestic Abuse. If the clinician suspects that an elderly or disabled adult is in need of protective services, she/he is required to report this to the Department of Social Services.

Health Oversight. If the clinician' licensing board subpoenas records relevant to an inquiry; s/he is obligated to provide this information.

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Judicial or Administrative Proceedings. If you are involved in a court proceeding, and a request is made for information about services the clinician has provided to you, or the request is for the record, such information is privileged under state law and will not be released without your written authorization or a court order.

Serious Threat to Health or Safety. The clinician 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, the clinician is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

- 4) The clinician may use your PHI within his/ her practice to provide mental health treatment, including sharing clinical information in peer supervision to receive clinical guidance or recommendations that may benefit the client. When cases are discussed in peer supervision, general issues are discussed and no identifying information shared. All colleagues are held to the same standard as the clinician to protect confidential client information. With your permission, we may disclose your PHI to your physician, psychiatrist, or other mental health providers who are involved in your care.
- 5) Patient's Rights
 - a) Right to request restrictions: You have the right to request a restriction on specific uses & disclosures of PHI; however, the clinician is not required to agree to a restriction if there is a reasonable reason to believe that such restriction would interfere with appropriate treatment or understanding of relevant facts.
 - b) Right to receive confidential communication by alternative means & locations. For example, you may not want a family member to know that you are in therapy. Upon your request, the clinician will send your bill to another address.
 - c) Right to inspect & copy: You have the right to inspect or copy your PHI in the treatment & billing record. There may be certain circumstances where this request will be denied, for instance, if it is a matter of safety. On your request, the clinician will discuss with you how decisions are made and may be appealed. Appeals generally involve arbitration with an attorney.
 - d) Right to amend: You may ask that your PHI is modified as long as it is maintained in the record. There may be times when this is not possible. For instance, if the amendment request changes the accuracy of information in the record.
 - e) Right to accounting. You have the right to receive an accounting of disclosures of PHI.
 - f) Right to a paper copy. You have the right to a copy of this notice.

6) Therapist's Duties Related to HIPPA

The clinician is required by law to maintain the privacy of PHI & to provide you with a copy of the privacy practices. If the clinician changes her policies and procedures, a copy will be available to you if you are a client at that time.

7) Complaints

If you are concerned that the clinician has violated your privacy rights, or you disagree with a decision made regarding access to your records, please discuss your concerns with the clinician. Also, you may also send a written complaint to the Secretary of the US Department of Health & Human Services.

8) Effective Date: This notice will go into August 30, 2018

Client Signature

Date