

## **Kimberly Bolen McGrew, MA, LPA, LCAS, *Clinical Psychologist*** **Kimberly Bolen, PLLC**

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### **Notice of Clinician's Policies and Practices to Protect the Privacy of Your Health Information**

EFFECTIVE DATE OF THIS NOTICE: This notice was updated on January 2, 2025.

#### **NOTICE OF PRIVACY PRACTICES**

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

#### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC 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 Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC consults with another health care provider, such as your family physician or another psychologist.
- *Payment* is when Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC obtains reimbursement for your healthcare. Examples of payment are when Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC discloses your PHI to your health insurer to obtain reimbursement for care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC. 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 Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

- “Disclosure” applies to activities outside Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC, such as releasing, transferring, or providing access to information about you to other parties.

### **Uses and Disclosures Requiring Authorization**

Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC 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 Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC is asked for information for purposes outside of treatment, payment, and health care operations, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC will obtain an authorization from you before releasing this information. Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about your conversations during a private, group, joint or family counseling session. By law, 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 (1) that Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC has relied on that authorization (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.

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For

example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For my use in treating you.
  - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety. If you give Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC information which leads your therapist to suspect child abuse, neglect, or death due to maltreatment, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC 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, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC must do so. If information you provide gives your therapist reasonable cause to believe that a disabled adult is in need of protective services, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC must report this to the Director of Social Services. Kimberly Bolen McGrew, MA,

LPA, LCAS/Kimberly Bolen, PLLC may disclose your confidential information to protect you or others from a serious threat of harm by you.

3. For health oversight activities, including audits and investigations. Your therapist's NC professional review board has the power, when necessary, to subpoena records should she be the focus of an inquiry.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so. If you are involved in a court proceeding, and a request is made for information about professional services Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC has provided to you and/ or the records thereof, such information is privileged under state law, and may not be released without your written authorization or a court order. This privilege does not apply when you're being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws. If you file a worker's compensation claim, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC is required by law to provide your mental health information relevant to the claim to your employer and the NC Industrial Commission.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. You have the right to request restrictions on certain uses and disclosures of PHI about you. However, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC is not required to agree to a restriction you request. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC may deny your request. On your request, Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC will discuss with you the details of the amendment process. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

### **Therapist Duties**

- Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC is required by law to maintain privacy of PHI and to provide you with a notice of our legal duties and practices with respect to PHI.
- Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC reserves the right to change the privacy policies and practices described in this notice. Unless Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC notifies you of such changes, the clinic is required to abide by the terms currently in effect.
- If Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC revises its policies and procedures, notice will be posted in the clinician’s office and/or website.

### **Complaints**

If you are concerned that Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC has violated your privacy rights, or if you disagree with a decision Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC has made about access to your records, you may contact Kimberly Bolen McGrew, MA, LPA, LCAS at 910-512-2890.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

### **Effective Date, Restrictions and Changes to Privacy Policy**

This notice was updated on January 2, 2025.

Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC reserves the right to change the terms of this notice and to make the new notice provision effective for all PHI that Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC maintains. Kimberly Bolen McGrew, MA, LPA, LCAS/Kimberly Bolen, PLLC will post notice of any revision to this notice in the clinician’s office and/or website and will provide you with a copy upon request.