



VOICE Therapeutic Solutions, PLLC
Visions of Ideal Communities Empowered

CLIENT HANDBOOK

1073 Bullard CT Raleigh NC 27615

Phone: 888-557-4080 Fax: 919-249-2150



VOICE, PLLC (VOICE) is an organization that works with Managed Care Organizations (MCOs) to provide outpatient therapy and peer support services. We operate under the American counseling Association's Code of Ethics and expect families to be active participants in treatment.

This Member handbook will serve as a guide to help you know what to expect while receiving services with our agency. It lets you know what is expected. This handbook has information about your services and treatment. Please feel free to ask staff any questions you may have.

AGENCY'S TELEPHONE NUMBER: 888-557-4080

AGENCY'S FAX NUMBER: (919) 249-2150

AGENCY'S ADDRESS: 1073 Bullard Court Raleigh NC 27615

EMERGENCY NUMBER: (FOR AFTER HOUR EMERGENCIES M-F 5pm – 9am all day Saturday and Sunday) 919-400-1882

HOURS OF OPERATION: 9:00pm – 5:00pm

Client Handbook

VOICE, PLLC (VOICE) is an organization that works with Managed Care Organizations (MCOs) to provide outpatient therapy and peer support services. We operate under the American counseling Association's Code of Ethics and expect families to be active participants in treatment. An assessment will be conducted to determine program eligibility.

1. **ELIGIBILITY:** In order to be eligible for services, clients must be at least five years old, must have a funding source accepted by VOICE, must have a primary mental health diagnosis, and must meet criteria for medical necessity for the service(s) provided by VOICE.
2. **REFERRALS FOR TREATMENT:** Referrals for treatment may come from any source. Diagnosis will determine qualifications for services. Please remember VOICE is a vendor of multiple MCOs and insurance panels. We must comply with their policies and procedures.
3. **PROVIDER CHOICE:** You have the right to make a choice about who provides your services and clients may choose to engage in services from multiple providers at once where allowable.
4. **TREATMENT:** VOICE uses treatment interventions based on current best practice models and individual assessment and goals established by the treatment team. You will be provided a copy of your plan from your therapist. As a client of VOICE, you will have an individualized plan that is developed by you and the counselor. Each voluntarily admitted client—or the client's legally responsible person, if applicable, or health care agent named pursuant to a valid health care power of attorney—has the right to consent to or refuse any treatment offered by the agency. You have the right to refuse treatment without threat or termination of services. The person who gave the consent may withdraw it at any time. If treatment is refused, qualified professional staff shall determine whether treatment in some other modality is possible. If all modalities are refused, then the client will be discharged.

A Minor's consent is sufficient for certain medical health services. (a) Any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of (i) venereal disease and other diseases reportable under G.S. 130A-135, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance. This section does not authorize the inducing of an abortion, performance of a sterilization operation, or admission to a 24-hour facility licensed under Article 2 of Chapter 122C of the General Statutes except as provided in G.S. 122C-223. This section does not prohibit the admission of a minor to a treatment facility upon his own written application in an emergency as authorized by G.S. 122C-223.

5. **MEDICATIONS:** If you need to take medications while at VOICE, a statement from your doctor is required. This statement must include the name of medications, the amount you need to take, the route that it is taken, and how often you are to take the medication. If you are unable to self-administer the medication, please advise VOICE so that we can assist in developing an alternate plan.
6. **ATTENDANCE:** It is important that you attend appointments as scheduled. If you are unable to participate or will not be on time, you should call as soon as possible so that staff and appropriate agencies can be notified.
7. **HEALTH AND SAFETY:**
 - a. **Weapons:** Clients, their families, prospective clients, and staff are not allowed to bring weapons of any kind on agency property. If there is a violation of this policy, senior staff will direct the offender to immediately leave the premises. If this directive is not complied with, the senior staff will call 911 immediately.
 - b. **Illicit drugs:** Clients, their families, prospective clients, and staff are not allowed to bring illicit drugs of any kind on agency property. If there is a violation of this policy, senior staff will direct the offender to immediately leave the premises. If this directive is not complied with, the senior staff will call 911 immediately.
 - c. **Smoking:** Smoking and tobacco use is prohibited within VOICE offices. Tobacco use of any sort is not permitted in VOICE vehicles or any time a staff member is transporting clients. Staff will not use tobacco products at anytime when clients are present.
 - d. **Threatening Behavior:** Individuals exhibiting threatening behavior on agency property will be directed by senior staff to leave the premises. If the threatening individual does not leave agency property, the senior staff will call 911 immediately.

- e. **Seclusion and Restraint:** It is the policy of VOICE that physical restraint of a client and isolation time-out will be avoided in every circumstance. In the case of an emergency where the staff member has exhausted verbal de-escalation techniques and a client is still being physically aggressive, a threat to self or others, or is destroying property, the staff member will call 911 and request intervention by law enforcement.
- f. **Universal Precautions:** VOICE staff members receive training on the use of universal precautions. It is the policy of VOICE that staff shall use universal precautions when dealing with any potentially infected materials. All bodily fluids are considered potentially infected materials. If you have any questions about the use of universal precautions or how to appropriately deal with potentially infected materials, please ask your service provider.

8. **FEES:** Various programs and services have different fees. These will be discussed with you when it is determined that you will be admitted to a VOICE program. Generally, services are available through Medicaid or private insurance companies. We will need documentation verifying coverage at the beginning of every month. If these do not apply, you will receive an explanation of fees and billing procedures prior to your starting the program.

9. **EMERGENCIES:** Occasionally, accidents happen, such as an injury, a bee sting, etc. You or your legal guardian will be asked to sign a sheet that outlines the procedures that have been recommended for you by a doctor to use in case of accidents. You will be asked to fill out a questionnaire containing emergency information. Please notify VOICE immediately of changes to this form.

10. **MENTAL HEALTH CRISES:** VOICE will develop an individualized crisis plan with each client and family at the beginning of treatment and will update this plan at least monthly, after any actual mental health crisis, or as needed.

In general, if you are experiencing distress or are in crisis, you should first try to utilize your natural supports to manage the crisis. If this is not effective, you, your family and/or your natural supports may contact your assigned counselor or call the crisis line 919-400-1882. The counselor will attempt to de-escalate the crisis with you and encourage you and your supports to utilize coping and crisis management strategies outlined in your PCP. If the crisis cannot be resolved, continues to escalate, or at any time if you are a danger to yourself or others, you, your counselor and/or family or natural supports may contact 911 or follow other local emergency procedures, if appropriate, such as going to the local emergency room or crisis center.

After the crisis is resolved, you, your family, counselor and/or natural supports will convene to review the crisis and update your individualized crisis plan as part of your PCP. The counselor will consult with their supervisor and complete an incident report as needed.

11. **TRANSPORTATION:** VOICE will ask for your written permission to transport you.

12. **PERSONAL VALUABLES:** Please be aware that VOICE assumes no responsibility for any personal items that you may bring with you during your service. This includes jewelry, money, or anything else that may get lost, stolen, or broken. Our recommendation is that you leave valuables at home whenever possible.

13. **REWARDS AND INCENTIVES:** Staff sometimes use rewards and incentives as an important part of the treatment plan for some children. Please refrain from using what we have presented or planned as a form of punishment unless agreed upon as part of the treatment plan.

14. **SICKNESS OR EMERGENCIES:** When VOICE staff are ill or must attend to an emergency, they will make every attempt to contact you and to re-schedule appointments. If you are concerned, please contact a supervisor at the main office number (888) 557-4080. We need your understanding on certain occasions.

15. **CHANGE OF STAFF:** We do our best to provide for you the right person providing the right services. If there are concerns about the staff providing your services, we encourage you to attempt to resolve any concerns directly with him or her. You have the right to choose who is on your service delivery team, and we will do our best to serve you. Please call with questions or concerns on this issue.

16. **SUSPENSION AND EXPULSION:** As a client of VOICE, you will be free from the threat or fear of unwarranted suspension or expulsion from services. However, if you break program rules or refuse to cooperate with the treatment plan, VOICE will notify the Mental Health LME/MCO. The Mental Health LME/MCO and VOICE may jointly choose to terminate your services. Clients who are suspended or expelled from services due to safety risks will need to demonstrate a reduced safety risk before services can be reinstated. Clients who are suspended or expelled from services due to refusal to cooperate with the treatment plan may reinstate services upon demonstration of willingness to comply with the treatment plan.

17. INPUT INTO QUALITY OF CARE: You may be randomly selected to complete an annual survey to provide input about quality of care, achievement of outcomes and goals, and satisfaction of services received. Additionally, at any time you may contact Kemi Amola, Owner, at (888) 557-4080, should you wish to comment on quality of services.

18. CLIENT GRIEVANCE PROCEDURE:

In all circumstances it is the desire of V.O.I.C.E. Therapeutic Solution, PLLC. that every attempt will be made to resolve grievance issues at the lowest possible level within the organization. In the event that a client is discontent or concerned with services or the administration of their services the grievance procedure should be followed.

We are concerned with any problems anyone experienced with our program. To address and correct the problem(s) we need to be made aware of the issue(s). Therefore, we have set up a Grievance Procedure that we request be used to address the problem.

Any client or the client's family or responsible person may file a grievance against the Agency or an Agency delegate regarding concerns related to client care, staff, or Agency policy. The individual may address any client of management and shall be guaranteed the right to privacy concerning the grievance. It is important that all clients understand that they can make formal complaints without retaliation. VOICE is committed to hearing complaints from all parties. We will adjust if a client cannot follow a part of the procedure for a specific reason.

All grievances shall be investigated and documentation includes its existence and resolution by our Client Rights Committee (or Program Lead in lieu of a client rights committee). If anyone has a problem with this program or if they believe that any of their rights have been violated, please use the following procedure to address the concern:

❖ Procedures:

Step One:

Let the receptionist know you have a grievance by calling 888-557-4080. While you can tell your complaint to him/her verbally, if possible, however we suggest that you put your complaint in writing. You should get a response within 72 business hours from the Program Lead. If you are dissatisfied with the response:

Step Two:

Make the Program Lead aware if you are not satisfied with the response. You can tell your complaint to him/her verbally, if possible, however we suggest that you put your dissatisfaction with the resolution in writing. The Program Lead will inform management of V.O.I.C.E. Therapeutic Solutions, PLLC. of the situation. You should have a response within one (1) week from expressing your dissatisfaction with the original response.

Step Three:

If you are dissatisfied with the response obtained through the above grievance procedure: the client or guardian will address the concern with the management of V.O.I.C.E. Therapeutic Solution, PLLC. and the referring agency, for mediation and resolution. The grievance is to be in writing. Unless the program lead is on leave, you should have a response to your complaint within two (1) week from receipt of your complaint. All client complaints or grievances will be forwarded to the Owner.

Step Four:

If steps 1 through 3 of the grievance procedure does not reach a resolve or at any point during the process you have the right to contact the following entities to assist you:

*Disability Rights North Carolina (formerly the) Governor's Advocacy Council for Person's with Disabilities (GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of person's disabilities. The toll free number of the GACPD is 1-800-638-6810.

*The Advocacy & Customer Service Department at the Divisions of MH/DD/SAS 3009 MSC, Raleigh, NC 27699-3009 (919) 715-3197

*You may also submit a formal complaint to Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, SW; Washington, DC 20201. As mentioned above, you will not penalized for filing a complaint with the federal government.

*FOR HIPPA RELATED COMPLAINTS OR GREIVANCES CONTACT- DHHS Office of civil rights OCRMAIL@HHS.GOV The complaint form may be found at <https://www.hhs.gov/hipaa/filing-a-complaint/>

❖ DISPOSITION OF CLIENT GREIVANCES

The Program Lead must investigate all such alleged violations or complaints and, based on the findings, resolve the complaint. A written notification will be sent to the client/guardian/parent acknowledging the disposition of the matter.

19. SEARCH AND SEIZURE: As a client of VOICE, you will be free from unnecessary invasions of privacy. However, searches and/or seizures take place where there is a good cause or reasonable indication of possession of stolen property, substances or items that may be health threatening, dangerous, or not allowed by the facility. If you disagree with the decision of the program, you may initiate the client grievance procedure.

20. CONFIDENTIALITY: State and federal laws protect the confidentiality of records and client information. Generally, VOICE may not release confidential information unless you or your legal guardian consents in writing. Otherwise, confidential information will be disclosed only in accordance with statutes. Reasons for disclosure include:

1. Proper authorization has been signed
2. Mandated reporting of abuse/neglect
3. Imminent danger to the health/safety of client or likelihood of a crime
4. Court order

Notification and communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care, about your location, your general condition, or unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to disclosure, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstance. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others in accordance with GS OR IN 45 CFR 164.512 OF HIPPA.

21. CLIENT RECORDS: The client record is property of VOICE and is maintained for the benefit of the client, clinical staff, and the program. VOICE will protect client records against loss, tampering, and use by unauthorized persons. You and/or your legally responsible representative will be given the chance to participate in developing and reviewing the PCP. You may get a copy of the plan by asking for it from the responsible professional.

22. ADVANCE DIRECTIVES: Information about your wishes for advanced directives will be included on the Person-centered Plan. More information will be given to clients who are emancipated minors or are over the age of 18.

23. TRANSITION CRITERIA AND PROCEDURES: The level of services provided by VOICE is dependent upon the level of need and the authorization for services.

24. DISCHARGE CRITERIA: A client may be discharged if his or her level of functioning has improved with respect to the goals outlined in the Person-centered Plan, inclusive of a transition plan to step down; or no longer benefits from this service; or can function at this level of care and if any of the following apply:

- A. Recipient has achieved goals and no longer is eligible for services.
- B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted, indicating a need for more intensive services.
- C. Recipient/family no longer wants services.

Note: Any denial, reduction, suspension or termination of services requires notification to the recipient and/or legal guardian about his/her appeal rights.

25. CLIENTS RIGHTS: You have the right to treatment including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disability or substance use. The local area mental health authority, the state of North Carolina, and, in some cases, the federal government have developed rules and laws regarding your rights as a client of the mental health system and VOICE. These rights will be explained to you and you are entitled to receive any additional information you ask for. If you have any questions regarding these rights, feel free to ask.

Other helpful resources

Alcohol/Drug Council of NC	1 800 688-4232
Disability Rights of NC	1 877 235-4210
Exceptional Children's Assistance Center	1 800 962-6817
NAMI of NC	1 800 451-9682
ARC of NC	1 800 662-8706
Veterans Service	1 919 715-1294
DHHS Customer Service Center	1 800 662-7030
LME Crisis Line	1 800 510-9132
Poison Control Center	1 800 222-1222
Emergency	911

Client Rights

It is the policy of V.O.I.C.E. THERAPEUTIC SOLUTIONS, PLLC. to assure basic human rights to each client served. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation. V.O.I.C.E. THERAPEUTIC SOLUTIONS, PLLC. shall assure to each client the right to live as normally as possible while receiving care or treatment.

The state of North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) requires all area programs and their affiliates to inform all persons receiving services of their rights as defined in APSM 95-2 and in General Statute 122-C, Article 3.

- Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation.
- Right to treatment and care based on the normalization principle
- Right to receive age-appropriate treatment, access to medical care and habilitation, and the right to an individualized written program plan at the time of admission to maximize development or restoration of his/her capabilities regardless of the degree of MH/DD/SAS physical disability
- Right to be informed in advance of the potential risks and alleged benefits, and alternatives to the program choices
- Right to confidentiality
- Right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- Right to consent to or to refuse any treatment offered, including behavior management policies, except high certain emergency situations
- Right to request notification after occurrence of any or specified interventions
- Right to be informed of emergency procedures
- Right to exercise all civil rights. Certain civil rights may be limited if a client has been adjudicated incompetent.
- Right to certain safeguards and carefully controlled circumstances when interventions are used
- Right to be free of corporal punishment, and to be free of harm, abuse, and exploitation
- Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to oneself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation
- Right to be free from threat or fear of unwarranted suspension or expulsion
- Right to be free from unwarranted invasion of privacy
- Right to be free from unwarranted search and/or seizure
- Right of the person legally responsible for a minor or an incompetent adult to request notification of the use of an intervention procedure
- Right to request notification or the restriction of rights

Local Review of Reduction, Suspension, Termination or Denial of Services

All clients have the right to appeal the area program's decision to reduce, suspend, terminate or deny a service. Any client wishing to appeal such a decision will be given a copy of the consumer grievance form as well as a copy of V.O.I.C.E. Therapeutic Solutions, PLLC.'s grievance policy. Once a grievance/appeal has been filed, it is reviewed at the local level. If the grievance is not resolved at that level, subsequent steps are management team review, review by the Director, review by V.O.I.C.E. Therapeutic Solutions, PLLC.'s Client Rights Committee and review by the Board. Board is the last step in the grievance/appeal process at V.O.I.C.E. Therapeutic Solutions, PLLC.

In addition to V.O.I.C.E. Therapeutic Solutions, PLLC's grievance process, Medicaid-eligible clients also have the right to appeal the area program's decision to reduce, suspend, terminate or deny a service to the State Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DHM/DD/SAS) and/or the Office of Administrative Hearings (OAH).

All clients and parent/guardian will be informed of their specific appeal rights when the decision to reduce, suspend, terminate or deny a service is made.

If it is determined that restriction of a right is indicated, the following procedures must be followed:

- A written statement will be placed in the client's record indicating in detail the reason for the restriction.
- Less intrusive alternatives are thoroughly, systematically, and continuously considered and used. (ex. loss privileges will be taken due to negative behavior or inappropriate behavior.) Privileges taken will vary due to each client situation.
- A restriction is effective for a period not to exceed thirty days.
- Restrictions on rights may be renewed only by written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction.
- Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.
- The Program Manager and the staff involved in the implementation of the treatment plan shall be responsible for informing the client and parent/guardian of the rights that are being restricted.

Grievances

- **Right to File a Grievance or Complaint with V.O.I.C.E. Therapeutic Solutions, PLLC. Client Rights Committee.** Address complaints or grievances to the V.O.I.C.E Therapeutic Solutions PLLC- Client Rights Committee, 1073 Bullard Court Raleigh, NC 27615 888 557-4080 (O) 919 249-2150 (F)
- Each client shall be informed to his/her right to contact the Disability Rights NC 2926 Glenwood Ave. Suite 550 Raleigh, NC, the statewide Agency designated under the Federal and State law to protect and advocate the rights of persons with disabilities.
- An Agency shall investigate within 72 hours; complaints made to the agency by a client or the client's family and must document both the existence of the complaint and the resolution of the complaint.

Advocacy

- Each client has the right to contact the Disability Rights North Carolina (formerly the Governor's Advocacy Council for Person's with Disabilities-GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of persons with disabilities. The toll free number is 1-800-638-6810.
- Right to contact the Advocacy & Customer Service Department at the Divisions of MH/DD/SAS 3009 MSC, Raleigh, NC 27699-3009 (919)-715-3197
- Clients are promptly notified of any changes in the services to be furnished or liability for payment. Clients are given prompt, written information about the changes in the Clients Rights.
- Each client or responsible person shall receive a copy of the client handbook that relate to services provided by V.O.I.C.E. THERAPEUTIC SOLUTIONS, PLLC.
- I understand my rights as a client or the client's legally responsible person. I have received a copy of the Client Rights Handbook.

HIPAA PRIVACY NOTIFICATION

VOICE, PLLC (the agency) must collect information about you to provide quality services. The agency knows that information we collect about you and your health is private. The agency is required to protect this information by federal and state law. We call this information "protected health information," whether in oral, written, or electronic format. This is stored in your medical record. The medical record is the property of VOICE, PLLC., but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **TREATMENT.** WE USE MEDICAL INFORMATION ABOUT YOU TO PROVIDE YOUR MEDICAL CARE. WE DISCLOSE MEDICAL INFORMATION TO OUR EMPLOYEES AND OTHERS WHO ARE INVOLVED IN PROVIDING THE CARE YOU NEED. FOR EXAMPLE, WE MAY SHARE YOUR MEDICAL INFORMATION WITH OTHER PHYSICIANS OR OTHER HEALTH CARE PROVIDERS WHO WILL PROVIDE SERVICES THAT WE DO NOT PROVIDE. OR WE MAY SHARE THIS INFORMATION WITH A PHARMACIST WHO NEEDS IT TO DISPENSE A PRESCRIPTION TO YOU, OR A LABORATORY THAT PERFORMS A TEST. WE MAY ALSO DISCLOSE MEDICAL INFORMATION TO MEMBERS OF YOUR FAMILY OR OTHERS WHO CAN HELP YOU WHEN YOU ARE SICK OR INJURED, OR AFTER YOU DIE.
2. **PAYMENT.** WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU TO OBTAIN PAYMENT FOR THE SERVICES WE PROVIDE. FOR EXAMPLE, WE GIVE YOUR HEALTH PLAN THE INFORMATION IT REQUIRES BEFORE IT WILL PAY US. WE MAY ALSO DISCLOSE INFORMATION TO OTHER HEALTH CARE PROVIDERS TO ASSIST THEM IN OBTAINING PAYMENT FOR SERVICES THEY HAVE PROVIDED TO YOU.
3. **HEALTH CARE OPERATIONS.** WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU TO OPERATE THIS MEDICAL PRACTICE. FOR EXAMPLE, WE MAY USE AND DISCLOSE THIS INFORMATION TO REVIEW AND IMPROVE THE QUALITY

OF CARE WE PROVIDE, OR THE COMPETENCE AND QUALIFICATIONS OF OUR PROFESSIONAL STAFF. OR WE MAY USE AND DISCLOSE THIS INFORMATION TO GET YOUR HEALTH PLAN TO AUTHORIZE SERVICES OR REFERRALS. WE MAY ALSO USE AND DISCLOSE THIS INFORMATION AS NECESSARY FOR MEDICAL REVIEWS, LEGAL SERVICES AND AUDITS, INCLUDING FRAUD AND ABUSE DETECTION AND COMPLIANCE PROGRAMS AND BUSINESS PLANNING AND MANAGEMENT. WE MAY ALSO SHARE YOUR MEDICAL INFORMATION WITH OUR "BUSINESS ASSOCIATES," SUCH AS OUR BILLING SERVICE, THAT PERFORM ADMINISTRATIVE SERVICES FOR US. WE HAVE A WRITTEN CONTRACT WITH EACH OF THESE BUSINESS ASSOCIATES THAT CONTAINS TERMS REQUIRING THEM AND THEIR SUBCONTRACTORS TO PROTECT THE CONFIDENTIALITY AND SECURITY OF YOUR PROTECTED HEALTH INFORMATION. WE MAY ALSO SHARE YOUR INFORMATION WITH OTHER HEALTH CARE PROVIDERS, HEALTH CARE CLEARINGHOUSES OR HEALTH PLANS THAT HAVE A RELATIONSHIP WITH YOU, WHEN THEY REQUEST THIS INFORMATION TO HELP THEM WITH THEIR QUALITY ASSESSMENT AND IMPROVEMENT ACTIVITIES, THEIR PATIENT-SAFETY ACTIVITIES, THEIR POPULATION-BASED EFFORTS TO IMPROVE HEALTH OR REDUCE HEALTH CARE COSTS, THEIR PROTOCOL DEVELOPMENT, CASE MANAGEMENT OR CARE-COORDINATION ACTIVITIES, THEIR REVIEW OF COMPETENCE, QUALIFICATIONS AND PERFORMANCE OF HEALTH CARE PROFESSIONALS, THEIR TRAINING PROGRAMS, THEIR ACCREDITATION, CERTIFICATION OR LICENSING ACTIVITIES, OR THEIR HEALTH CARE FRAUD AND ABUSE DETECTION AND COMPLIANCE EFFORTS.

4. **APPOINTMENT REMINDERS.** WE MAY USE AND DISCLOSE MEDICAL INFORMATION TO CONTACT AND REMIND YOU ABOUT APPOINTMENTS. IF YOU ARE NOT HOME, WE MAY LEAVE THIS INFORMATION ON YOUR ANSWERING MACHINE OR IN A MESSAGE LEFT WITH THE PERSON ANSWERING THE PHONE.
5. **SIGN IN SHEET.** WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU BY HAVING YOU SIGN IN WHEN YOU ARRIVE AT OUR OFFICE. WE MAY ALSO CALL OUT YOUR NAME WHEN WE ARE READY TO SEE YOU.
6. **NOTIFICATION AND COMMUNICATION WITH FAMILY.** WE MAY DISCLOSE YOUR HEALTH INFORMATION TO NOTIFY OR ASSIST IN NOTIFYING A FAMILY MEMBER, YOUR PERSONAL REPRESENTATIVE OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE ABOUT YOUR LOCATION, YOUR GENERAL CONDITION OR, UNLESS YOU HAD INSTRUCTED US OTHERWISE, IN THE EVENT OF YOUR DEATH. IN THE EVENT OF A DISASTER, WE MAY DISCLOSE INFORMATION TO A RELIEF ORGANIZATION SO THAT THEY MAY COORDINATE THESE NOTIFICATION EFFORTS. WE MAY ALSO DISCLOSE INFORMATION TO SOMEONE WHO IS INVOLVED WITH YOUR CARE OR HELPS PAY FOR YOUR CARE. IF YOU ARE ABLE AND AVAILABLE TO AGREE OR OBJECT, WE WILL GIVE YOU THE OPPORTUNITY TO OBJECT PRIOR TO MAKING THESE DISCLOSURES, ALTHOUGH WE MAY DISCLOSE THIS INFORMATION IN A DISASTER EVEN OVER YOUR OBJECTION IF WE BELIEVE IT IS NECESSARY TO RESPOND TO THE EMERGENCY CIRCUMSTANCES. IF YOU ARE UNABLE OR UNAVAILABLE TO AGREE OR OBJECT, OUR HEALTH PROFESSIONALS WILL USE THEIR BEST JUDGMENT IN COMMUNICATION WITH YOUR FAMILY AND OTHERS.
7. **MARKETING.** THAT PROVIDED WE DO NOT RECEIVE ANY PAYMENT FOR MAKING THESE COMMUNICATIONS, WE MAY CONTACT YOU TO GIVE YOU INFORMATION ABOUT PRODUCTS OR SERVICES RELATED TO YOUR TREATMENT, CASE MANAGEMENT OR CARE COORDINATION, OR TO DIRECT OR RECOMMEND OTHER TREATMENTS, THERAPIES, HEALTH CARE PROVIDERS OR SETTINGS OF CARE THAT MAY BE OF INTEREST TO YOU. WE MAY SIMILARLY DESCRIBE PRODUCTS OR SERVICES PROVIDED BY THIS PRACTICE AND TELL YOU WHICH HEALTH PLANS THIS PRACTICE PARTICIPATES IN. WE MAY ALSO ENCOURAGE YOU TO MAINTAIN A HEALTHY LIFESTYLE AND GET RECOMMENDED TESTS, PARTICIPATE IN A DISEASE MANAGEMENT PROGRAM, PROVIDE YOU WITH SMALL GIFTS, TELL YOU ABOUT GOVERNMENT SPONSORED HEALTH PROGRAMS OR ENCOURAGE YOU TO PURCHASE A PRODUCT OR SERVICE WHEN WE SEE YOU, FOR WHICH WE MAY BE PAID. FINALLY, WE MAY RECEIVE COMPENSATION WHICH COVERS OUR COST OF REMINDING YOU TO TAKE AND REFILL YOUR MEDICATION, OR OTHERWISE COMMUNICATE ABOUT A DRUG OR BIOLOGIC THAT IS CURRENTLY PRESCRIBED FOR YOU. WE WILL NOT OTHERWISE USE OR DISCLOSE YOUR MEDICAL INFORMATION FOR MARKETING PURPOSES OR ACCEPT ANY PAYMENT FOR OTHER MARKETING COMMUNICATIONS WITHOUT YOUR PRIOR WRITTEN AUTHORIZATION. THE AUTHORIZATION WILL DISCLOSE WHETHER WE RECEIVE ANY COMPENSATION FOR ANY MARKETING ACTIVITY YOU AUTHORIZE, AND WE WILL STOP ANY FUTURE MARKETING ACTIVITY TO THE EXTENT YOU REVOKE AUTHORIZATION.
8. **SALE OF HEALTH INFORMATION.** WE WILL NOT SELL YOUR HEALTH INFORMATION WITHOUT YOUR PRIOR WRITTEN AUTHORIZATION. THE AUTHORIZATION WILL DISCLOSE THAT WE WILL RECEIVE COMPENSATION FOR YOUR HEALTH INFORMATION IF YOU AUTHORIZE US TO SELL IT, AND WE WILL STOP ANY FUTURE SALES OF YOUR INFORMATION TO THE EXTENT THAT YOU REVOKE THAT AUTHORIZATION.
9. **REQUIRED BY LAW.** AS REQUIRED BY LAW, WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION, BUT WE WILL LIMIT OUR USE OR DISCLOSURE TO THE RELEVANT REQUIREMENTS OF THE LAW. WHEN THE LAW REQUIRES US TO REPORT ABUSE, NEGLECT OR DOMESTIC VIOLENCE, OR RESPOND TO JUDICIAL OR ADMINISTRATIVE PROCEEDINGS, OR TO LAW ENFORCEMENT OFFICIALS, WE WILL FURTHER COMPLY WITH THE REQUIREMENT SET FORTH BELOW CONCERNING THOSE ACTIVITIES.
10. **PUBLIC HEALTH.** WE MAY, AND ARE SOMETIMES REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION TO PUBLIC HEALTH AUTHORITIES FOR PURPOSES RELATED TO: PREVENTING OR CONTROLLING DISEASE, INJURY OR DISABILITY; REPORTING CHILD, ELDER OR DEPENDENT ADULT ABUSE OR NEGLECT; REPORTING DOMESTIC VIOLENCE; REPORTING TO THE FOOD AND DRUG ADMINISTRATION PROBLEMS WITH PRODUCTS AND REACTIONS TO MEDICATIONS; AND REPORTING DISEASE OR INFECTION EXPOSURE. WHEN WE REPORT SUSPECTED ELDER OR DEPENDENT ADULT ABUSE OR DOMESTIC VIOLENCE, WE WILL INFORM YOU OR YOUR PERSONAL REPRESENTATIVE PROMPTLY UNLESS IN OUR BEST PROFESSIONAL JUDGMENT, WE BELIEVE THE NOTIFICATION WOULD PLACE YOU AT RISK OF SERIOUS HARM OR WOULD REQUIRE INFORMING A PERSONAL REPRESENTATIVE WE BELIEVE IS RESPONSIBLE FOR THE ABUSE OR HARM.
11. **HEALTH OVERSIGHT ACTIVITIES.** WE MAY, AND ARE SOMETIMES REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION TO HEALTH OVERSIGHT AGENCIES DURING THE COURSE OF AUDITS, INVESTIGATIONS, INSPECTIONS, LICENSURE AND OTHER PROCEEDINGS, SUBJECT TO THE LIMITATIONS IMPOSED BY LAW.
12. **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.** WE MAY, AND ARE SOMETIMES REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION IN THE COURSE OF ANY ADMINISTRATIVE OR JUDICIAL PROCEEDING TO THE EXTENT EXPRESSLY AUTHORIZED BY A COURT OR ADMINISTRATIVE ORDER. WE MAY ALSO DISCLOSE INFORMATION ABOUT YOU IN RESPONSE TO

A SUBPOENA, DISCOVERY REQUEST OR OTHER LAWFUL PROCESS IF REASONABLE EFFORTS HAVE BEEN MADE TO NOTIFY YOU OF THE REQUEST AND YOU HAVE NOT OBJECTED, OR IF YOUR OBJECTIONS HAVE BEEN RESOLVED BY A COURT OR ADMINISTRATIVE ORDER.

13. **LAW ENFORCEMENT.** WE MAY, AND ARE SOMETIMES REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION TO A LAW ENFORCEMENT OFFICIAL FOR PURPOSES SUCH AS IDENTIFYING OR LOCATING A SUSPECT, FUGITIVE, MATERIAL WITNESS OR MISSING PERSON, COMPLYING WITH A COURT ORDER, WARRANT, GRAND JURY SUBPOENA AND OTHER LAW ENFORCEMENT PURPOSES.

14. **CORONERS.** WE MAY, AND ARE OFTEN REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION TO CORONERS IN CONNECTION WITH THEIR INVESTIGATIONS OF DEATHS.

15. **ORGAN OR TISSUE DONATION.** WE MAY DISCLOSE YOUR HEALTH INFORMATION TO ORGANIZATIONS INVOLVED IN PROCURING, BANKING OR TRANSPLANTING ORGANS AND TISSUES.

16. **PUBLIC SAFETY.** WE MAY, AND ARE SOMETIMES REQUIRED BY LAW, TO DISCLOSE YOUR HEALTH INFORMATION TO APPROPRIATE PERSONS IN ORDER TO PREVENT OR LESSEN A SERIOUS AND IMMINENT THREAT TO THE HEALTH OR SAFETY OF A PARTICULAR PERSON OR THE GENERAL PUBLIC.

17. **PROOF OF IMMUNIZATION.** WE WILL DISCLOSE PROOF OF IMMUNIZATION TO A SCHOOL THAT IS REQUIRED TO HAVE IT BEFORE ADMITTING A STUDENT WHERE YOU HAVE AGREED TO THE DISCLOSURE ON BEHALF OF YOURSELF OR YOUR DEPENDENT.

18. **SPECIALIZED GOVERNMENT FUNCTIONS.** WE MAY DISCLOSE YOUR HEALTH INFORMATION FOR MILITARY OR NATIONAL SECURITY PURPOSES OR TO CORRECTIONAL INSTITUTIONS OR LAW ENFORCEMENT OFFICERS THAT HAVE YOU IN THEIR LAWFUL CUSTODY.

19. **WORKERS' COMPENSATION.** WE MAY DISCLOSE YOUR HEALTH INFORMATION AS NECESSARY TO COMPLY WITH WORKERS' COMPENSATION LAWS. FOR EXAMPLE, TO THE EXTENT YOUR CARE IS COVERED BY WORKERS' COMPENSATION, WE WILL MAKE PERIODIC REPORTS TO YOUR EMPLOYER ABOUT YOUR CONDITION. WE ARE ALSO REQUIRED BY LAW TO REPORT CASES OF OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS TO THE EMPLOYER OR WORKERS' COMPENSATION INSURER.

20. **CHANGE OF OWNERSHIP.** IN THE EVENT THAT THIS MEDICAL PRACTICE IS SOLD OR MERGED WITH ANOTHER ORGANIZATION, YOUR HEALTH INFORMATION/RECORD WILL BECOME THE PROPERTY OF THE NEW OWNER, ALTHOUGH YOU WILL MAINTAIN THE RIGHT TO REQUEST THAT COPIES OF YOUR HEALTH INFORMATION BE TRANSFERRED TO ANOTHER PHYSICIAN OR MEDICAL GROUP.

21. **BREACH NOTIFICATION.** IN THE CASE OF A BREACH OF UNSECURED PROTECTED HEALTH INFORMATION, WE WILL NOTIFY YOU AS REQUIRED BY LAW. IF YOU HAVE PROVIDED US WITH A CURRENT E-MAIL ADDRESS, WE MAY USE E-MAIL TO COMMUNICATE INFORMATION RELATED TO THE BREACH. IN SOME CIRCUMSTANCES OUR BUSINESS ASSOCIATE MAY PROVIDE THE NOTIFICATION. WE MAY ALSO PROVIDE NOTIFICATION BY OTHER METHODS AS APPROPRIATE.

22. **PSYCHOTHERAPY NOTES.** WE WILL NOT USE OR DISCLOSE YOUR PSYCHOTHERAPY NOTES WITHOUT YOUR PRIOR WRITTEN AUTHORIZATION EXCEPT FOR THE FOLLOWING: 1) USE BY THE ORIGINATOR OF THE NOTES FOR YOUR TREATMENT, 2) FOR TRAINING OUR STAFF, STUDENTS AND OTHER TRAINEES, 3) TO DEFEND OURSELVES IF YOU SUE US OR BRING SOME OTHER LEGAL PROCEEDING, 4) IF THE LAW REQUIRES US TO DISCLOSE THE INFORMATION TO YOU OR THE SECRETARY OF HHS OR FOR SOME OTHER REASON, 5) IN RESPONSE TO HEALTH OVERSIGHT ACTIVITIES CONCERNING YOUR PSYCHOTHERAPIST, 6) TO AVERT A SERIOUS AND IMMINENT THREAT TO HEALTH OR SAFETY, OR 7) TO THE CORONER OR MEDICAL EXAMINER AFTER YOU DIE. TO THE EXTENT YOU REVOKE AN AUTHORIZATION TO USE OR DISCLOSE YOUR PSYCHOTHERAPY NOTES, WE WILL STOP USING OR DISCLOSING THESE NOTES.

23. **RESEARCH.** WE MAY DISCLOSE YOUR HEALTH INFORMATION TO RESEARCHERS CONDUCTING RESEARCH WITH RESPECT TO WHICH YOUR WRITTEN AUTHORIZATION IS NOT REQUIRED AS APPROVED BY AN INSTITUTIONAL REVIEW BOARD OR PRIVACY BOARD, IN COMPLIANCE WITH GOVERNING LAW.

24. **FUNDRAISING.** WE MAY USE OR DISCLOSE YOUR DEMOGRAPHIC INFORMATION IN ORDER TO CONTACT YOU FOR OUR FUNDRAISING ACTIVITIES. FOR EXAMPLE, WE MAY USE THE DATES THAT YOU RECEIVED TREATMENT, THE DEPARTMENT OF SERVICE, YOUR TREATING PHYSICIAN, OUTCOME INFORMATION AND HEALTH INSURANCE STATUS TO IDENTIFY INDIVIDUALS THAT MAY BE INTERESTED IN PARTICIPATING IN FUNDRAISING ACTIVITIES. IF YOU DO NOT WANT TO RECEIVE THESE MATERIALS, NOTIFY THE PRIVACY OFFICER LISTED AT THE TOP OF THIS NOTICE OF PRIVACY PRACTICES AND WE WILL STOP ANY FURTHER FUNDRAISING COMMUNICATIONS. SIMILARLY, YOU SHOULD NOTIFY THE PRIVACY OFFICER IF YOU DECIDE YOU WANT TO START RECEIVING THESE SOLICITATIONS AGAIN.

B. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

EXCEPT AS DESCRIBED IN THIS NOTICE OF PRIVACY PRACTICES, VOICE, PLLC WILL, BE CONSISTENT WITH ITS LEGAL OBLIGATIONS, NOT USE OR DISCLOSE HEALTH INFORMATION WHICH IDENTIFIES YOU WITHOUT YOUR WRITTEN AUTHORIZATION. IF YOU DO NOT AUTHORIZE VOICE, PLLC TO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR ANOTHER PURPOSE, YOU MAY REVOKE YOUR AUTHORIZATION IN WRITING AT ANY TIME.

C. YOUR HEALTH INFORMATION RIGHTS

1. **RIGHT TO REQUEST SPECIAL PRIVACY PROTECTIONS.** YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION BY A WRITTEN REQUEST SPECIFYING WHAT INFORMATION YOU WANT TO LIMIT, AND WHAT LIMITATIONS ON OUR USE OR DISCLOSURE OF THAT INFORMATION YOU WISH TO HAVE IMPOSED. IF YOU TELL US NOT TO DISCLOSE INFORMATION TO YOUR COMMERCIAL HEALTH PLAN CONCERNING HEALTH CARE ITEMS OR SERVICES FOR WHICH YOU PAID FOR IN FULL OUT-OF-POCKET, WE WILL ABIDE BY YOUR REQUEST, UNLESS WE MUST

DISCLOSE THE INFORMATION FOR TREATMENT OR LEGAL REASONS. WE RESERVE THE RIGHT TO ACCEPT OR REJECT ANY OTHER REQUEST, AND WILL NOTIFY YOU OF OUR DECISION.

2. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** YOU HAVE THE RIGHT TO REQUEST THAT YOU RECEIVE YOUR HEALTH INFORMATION IN A SPECIFIC WAY OR AT A SPECIFIC LOCATION. FOR EXAMPLE, YOU MAY ASK THAT WE SEND INFORMATION TO A PARTICULAR E-MAIL ACCOUNT OR TO YOUR WORK ADDRESS. WE WILL COMPLY WITH ALL REASONABLE REQUESTS SUBMITTED IN WRITING WHICH SPECIFY HOW OR WHERE YOU WISH TO RECEIVE THESE COMMUNICATIONS.

3. **RIGHT TO INSPECT AND COPY.** YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION, WITH LIMITED EXCEPTIONS. TO ACCESS YOUR MEDICAL INFORMATION, YOU MUST SUBMIT A WRITTEN REQUEST DETAILING WHAT INFORMATION YOU WANT ACCESS TO, WHETHER YOU WANT TO INSPECT IT OR GET A COPY OF IT, AND IF YOU WANT A COPY, YOUR PREFERRED FORM AND FORMAT. WE WILL PROVIDE COPIES IN YOUR REQUESTED FORM AND FORMAT IF IT IS READILY PRODUCIBLE, OR WE WILL PROVIDE YOU WITH AN ALTERNATIVE FORMAT YOU FIND ACCEPTABLE, OR IF WE CAN'T AGREE AND WE MAINTAIN THE RECORD IN AN ELECTRONIC FORMAT, YOUR CHOICE OF A READABLE ELECTRONIC OR HARDCOPY FORMAT. WE WILL ALSO SEND A COPY TO ANY OTHER PERSON YOU DESIGNATE IN WRITING. WE WILL CHARGE A REASONABLE FEE WHICH COVERS OUR COSTS FOR LABOR, SUPPLIES, POSTAGE, AND IF REQUESTED AND AGREED TO IN ADVANCE, THE COST OF PREPARING AN EXPLANATION OR SUMMARY. WE MAY DENY YOUR REQUEST UNDER LIMITED CIRCUMSTANCES. IF WE DENY YOUR REQUEST TO ACCESS YOUR CHILD'S RECORDS OR THE RECORDS OF AN INCAPACITATED ADULT YOU ARE REPRESENTING BECAUSE WE BELIEVE ALLOWING ACCESS WOULD BE REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO THE PATIENT, YOU WILL HAVE A RIGHT TO APPEAL OUR DECISION. IF WE DENY YOUR REQUEST TO ACCESS YOUR PSYCHOTHERAPY NOTES, YOU WILL HAVE THE RIGHT TO HAVE THEM TRANSFERRED TO ANOTHER MENTAL HEALTH PROFESSIONAL.

4. **RIGHT TO AMEND OR SUPPLEMENT.** YOU HAVE A RIGHT TO REQUEST THAT WE AMEND YOUR HEALTH INFORMATION THAT YOU BELIEVE IS INCORRECT OR INCOMPLETE. YOU MUST MAKE A REQUEST TO AMEND IN WRITING, AND INCLUDE THE REASONS YOU BELIEVE THE INFORMATION IS INACCURATE OR INCOMPLETE. WE ARE NOT REQUIRED TO CHANGE YOUR HEALTH INFORMATION, AND WILL PROVIDE YOU WITH INFORMATION ABOUT THIS MEDICAL PRACTICE'S DENIAL AND HOW YOU CAN DISAGREE WITH THE DENIAL. WE MAY DENY YOUR REQUEST IF WE DO NOT HAVE THE INFORMATION, IF WE DID NOT CREATE THE INFORMATION (UNLESS THE PERSON OR ENTITY THAT CREATED THE INFORMATION IS NO LONGER AVAILABLE TO MAKE THE AMENDMENT), IF YOU WOULD NOT BE PERMITTED TO INSPECT OR COPY THE INFORMATION AT ISSUE, OR IF THE INFORMATION IS ACCURATE AND COMPLETE AS IS. IF WE DENY YOUR REQUEST, YOU MAY SUBMIT A WRITTEN STATEMENT OF YOUR DISAGREEMENT WITH THAT DECISION, AND WE MAY, IN TURN, PREPARE A WRITTEN REBUTTAL. ALL INFORMATION RELATED TO ANY REQUEST TO AMEND WILL BE MAINTAINED AND DISCLOSED IN CONJUNCTION WITH ANY SUBSEQUENT DISCLOSURE OF THE DISPUTED INFORMATION.

5. **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** YOU HAVE A RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION MADE BY THIS MEDICAL PRACTICE, EXCEPT THAT THIS MEDICAL PRACTICE DOES NOT HAVE TO ACCOUNT FOR THE DISCLOSURES PROVIDED TO YOU OR PURSUANT TO YOUR WRITTEN AUTHORIZATION, OR AS DESCRIBED IN PARAGRAPHS 1 (TREATMENT), 2 (PAYMENT), 3 (HEALTH CARE OPERATIONS), 6 (NOTIFICATION AND COMMUNICATION WITH FAMILY) AND 18 (SPECIALIZED GOVERNMENT FUNCTIONS) OF SECTION A OF THIS NOTICE OF PRIVACY PRACTICES OR DISCLOSURES FOR PURPOSES OF RESEARCH OR PUBLIC HEALTH WHICH EXCLUDE DIRECT PATIENT IDENTIFIERS, OR WHICH ARE INCIDENT TO A USE OR DISCLOSURE OTHERWISE PERMITTED OR AUTHORIZED BY LAW, OR THE DISCLOSURES TO A HEALTH OVERSIGHT AGENCY OR LAW ENFORCEMENT OFFICIAL TO THE EXTENT THIS MEDICAL PRACTICE HAS RECEIVED NOTICE FROM THAT AGENCY OR OFFICIAL THAT PROVIDING THIS ACCOUNTING WOULD BE REASONABLY LIKELY TO IMPEDE THEIR ACTIVITIES.

6. **RIGHT TO A PAPER OR ELECTRONIC COPY OF THIS NOTICE.** YOU HAVE A RIGHT TO NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR HEALTH INFORMATION, INCLUDING A RIGHT TO A PAPER COPY OF THIS NOTICE OF PRIVACY PRACTICES, EVEN IF YOU HAVE PREVIOUSLY REQUESTED ITS RECEIPT BY E-MAIL.

IF YOU WOULD LIKE TO HAVE A MORE DETAILED EXPLANATION OF THESE RIGHTS OR IF YOU WOULD LIKE TO EXERCISE ONE OR MORE OF THESE RIGHTS, CONTACT OUR PRIVACY OFFICER LISTED AT THE TOP OF THIS NOTICE OF PRIVACY PRACTICES.

D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

WE RESERVE THE RIGHT TO AMEND THIS NOTICE OF PRIVACY PRACTICES AT ANY TIME IN THE FUTURE. UNTIL SUCH AMENDMENT IS MADE, WE ARE REQUIRED BY LAW TO COMPLY WITH THE TERMS OF THIS NOTICE CURRENTLY IN EFFECT. AFTER AN AMENDMENT IS MADE, THE REVISED NOTICE OF PRIVACY PROTECTIONS WILL APPLY TO ALL PROTECTED HEALTH INFORMATION THAT WE MAINTAIN, REGARDLESS OF WHEN IT WAS CREATED OR RECEIVED. WE WILL KEEP A COPY OF THE CURRENT NOTICE POSTED IN OUR RECEPTION AREA, AND A COPY WILL BE AVAILABLE AT EACH APPOINTMENT.

COMPLAINTS

IF YOU HAVE A COMPLAINT ABOUT THIS NOTICE OF PRIVACY PRACTICES OR HOW THIS MEDICAL PRACTICE HANDLES YOUR HEALTH INFORMATION YOU MAY BRING YOUR COMPLAINT TO THE PRIVACY OFFICER AT: 1073 BULLARD COURT RALEIGH NC 27615, PHONE: 888-557-4080

IF YOU ARE NOT SATISFIED WITH THE MANNER IN WHICH THIS OFFICE HANDLES A COMPLAINT, YOU MAY SUBMIT A FORMAL COMPLAINT TO:

YOU MAY WRITE TO: OFFICE OF THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES, 200 INDEPENDENCE AVENUE, SW; WASHINGTON, DC 20201. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT WITH THE FEDERAL GOVERNMENT.

DHHS OFFICE OF CIVIL RIGHTS OCRMAIL@HHS.GOV

THE COMPLAINT FORM MAY BE FOUND AT WWW.HHS.GOV/OCR/PRIVACY/HIPAA/COMPLAINTS/HIPCOMPLAINT.PDF. YOU WILL NOT BE PENALIZED IN ANY WAY FOR FILING A COMPLAINT.

This agency is required by the Health Information Portability and Accountability Act (HIPAA) of 1996 to maintain the privacy of your health information as stated in our Notice of Privacy Practices.

- I acknowledge that I have been informed about the Notice of Privacy Practices of this agency.
- I understand that the Notice of Privacy Practices discusses how my personal health information may be used and/or disclosed, my rights with respect to health care information, and how and where I may file a privacy related complaint
- I may review a copy of the Notice of Privacy Practices that has been made available to me and I acknowledge that additional copies are available from the agency upon request.

I understand that the terms of the Notice of Privacy Practices may be changed in the future, and these changes will be posed in the facility in visible areas. I may also request a copy of the most current Notice of Privacy Practices by contacting the Privacy Officer at **888.557.4080**.