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## **HIPAA Notice of Privacy Practices**

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

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. PHI is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, my office staff and others outside my office who is involved in your care and treatment for the purpose of providing health care services to you, to collect your health care bills, to support the operations of my practice, and any other use required by law.

### **Treatment**

I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.

### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require disclosure of your protected health information to the health plan.

### **Healthcare Operations**

I may use and/or disclose your protected health information in order to support the business activities of my practice. For example, I may use or disclose your protected health information as necessary to contact you to remind you of your appointment. I may use or disclose your protected health information in the following situations without your authorization: as Required by Law, Public Health issue as required by law, Communicable diseases related activities, Health oversight, Abuse or neglect, Food & Drug Administration (FDA) requirements, Legal proceedings, Law Enforcement, Organ Donation, Research Activities, Criminal Investigation, Military and National Security matters, Workers' Compensation. Under the law, I must make disclosures to you and when required by the Secretary of Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500. Other permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization, at any time, in writing.

**Your Rights**

Following is the statement of your rights with respect to your protected health information: You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of use or actual use in civil, criminal or administrative action proceedings; PHI that is subject to law that prohibits access to protected health information. You have the right to request a restriction of your protected health information. This means you may ask me not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions and to whom you want those restrictions to apply. I am not required to agree to a restriction that you may request. If I believe it is in your best interest to permit use and disclosure of your protected health information, your PHI will not be restricted. You then have right to use another mental healthcare professional. You have the right to request to receive confidential communications from me by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically. You may have the right to have me amend your protected health information. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. I reserve the right to change the terms of this notice and will inform you of any changes. You then have the right to object or withdraw as provided in this notice.

**Complaints**

You may complain to me or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by me. You may file a complaint with me by notifying me by mail. I will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before May 9, 2017. I am required by law to maintain the privacy of, and provide individuals with, this notice of my legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please speak with me.

Signature below is only acknowledgment that you have received this Notice of my Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_