

HIPAA NOTICE OF PRIVACY PRACTICES

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.

Effective Date: May 17, 2006

Mariana R. Glass, MA, LCMHC as owner and sole practitioner of Asheville Counseling and Training Services, Inc. (ACTS, Inc.), a North Carolina Professional Corporation, only releases client information in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes the policies of Mariana R. Glass related to the use and disclosure of the client's healthcare information.

Use and disclosure of protected health information for the purposes of providing services.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow Mariana R. Glass, MA, LCMHC to use and disclose your health information for these purposes.

TREATMENT Use and disclose health information to:

- Provide, manage, or coordinate care (e.g., with medical doctors) with written permission, except in the case of emergency or potential or likely harm to self or others, in which cases written permission is not required.
- Consultants (e.g. trusted advisors); identifying information will be kept confidential.
- Referral sources (e.g., medical doctors, pastors) with written permission.

PAYMENT Use and disclose health information with written permission to

- Verify insurance and coverage.
- Process insurance claims and collect fees

HEALTHCARE OPERATIONS Use and disclose health information, while keeping identifying information confidential, for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

Template used with permission of the Zur Institute, copyright 2011, www.zurinstitute.com
September 18, 2014

HIPAA NOTICE OF PRIVACY PRACTICES

CLIENT RIGHTS

According to state and federal law, you have the following rights in relation to your counseling work with Mariana R. Glass, MA, LCMHC:

Right to request how and where you are contacted

Home phone, work phone, cell phone, and e-mail are all avenues for contact that may be used to contact you. If you do not wish to be contacted in any of these ways, please indicate this in writing to Mrs. Glass.

Right to release your medical records

You may request or authorize release of your medical records to others if this request/authorization is made in writing. This request/authorization also may be revoked by you if done in writing. Revocation is not valid to the extent that you have acted in reliance on such previous authorization.

Right to inspect and copy your medical billing records

You have the right to inspect and copy your counseling/medical billing records, although your counselor may refuse this request. Fees may be charged for the copy and inspection of records.

Right to add information or amend your medical records

You may request to amend your counseling/medical records in writing. Your therapist will have 45 days to decide to grant or deny this request. If your request is denied, you have the right to file a disagreement statement. Your disagreement statement and the response will be filed in your records.

Right to accounting of disclosures

You have the right to an accounting of your disclosures for up to a six-year period from your initial counseling session. The following exceptions apply:

- Disclosure for treatment, payment or healthcare operations
- Disclosures pursuant to a signed release
- Disclosure made to a co-client (e.g., spouse participating in conjoint sessions)
- Disclosures for national security or law enforcement

Right to request restrictions on uses and disclosures of your healthcare information

Such requests must be in writing, and the therapist is not obligated to agree.

Right to complain

Please contact your therapist first with your complaint so she has the opportunity to understand and discuss the issue(s) with you. If then you are not satisfied, you have the right to complain to the U.S. Department of Health and Human Services, Office for Civil Rights (see www.hhs.gov).

Right to receive changes in policy

You may request more information about and a copy of future changes to this policy by contacting Mariana R. Glass, MA, LCMHC.