

PRIVACY NOTICE

Policies & Practices to Protect the Privacy of Your Mental Health Information

THIS NOTICE DESCRIBES HOW INFORMATION IN YOUR MENTAL HEALTH FILE MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE READ CAREFULLY.

- I. **With Your Consent:** Protected Health Information (PHI) may be used or disclosed for treatment, payment, and health care operations with your consent.
 - Use refers to activities within our office for sharing, applying, and conducting business.
 - Disclosure refers to activities outside the office for managing your care and conducting business.
 - Treatment refers to provision, coordination and management of your mental health care.
 - Payment refers to reimbursement for your care.
 - Health Care Operations are activities related to the performance and operation of office business.
- II. **Authorization for Release of Information:** Outside of treatment, payment, and health care operations, your written permission will be required for the use or disclosure of your PHI. This Authorization adds an extra protection to your PHI, over and above general consent, and will be obtained from you before releasing your PHI.
- III. **Without Consent or Authorization:** Your PHI may be used or disclosed without your consent or authorization in the following circumstances:
 - **Child Abuse:** Information that leads to the suspicion of child abuse must be reported. Relevant information from your PHI must be turned over to the Director of Social Services.
 - **Adult and Domestic Abuse:** Information that leads to the suspicion of abuse of disabled or elderly adults must be reported to Social Services.
 - **Health Oversight:** Licensing / certifying boards have the power to subpoena PHI, which relates to a legal or ethical inquiry about a clinician's practice.
 - **Judicial or Administrative Proceedings:** If a judge issues a court order for your PHI record, it must be released to the court. If you are being evaluated for a third party (e.g., disability, fitness for duty, court order), the PHI must be released. Every attempt will be made to notify you in advance if this is the case.
 - **Serious Threat to the Health or Safety of Yourself or Others.**
 - **Worker's Compensation:** The law requires the release of your relevant PHI to your employer and the NC Industrial Commission, if you file a worker's compensation claim.
- IV. **Patient's Rights:** You have the right to:
 - Request restrictions on certain uses and disclosures of your PHI although your clinician is not required to agree to your request. Your clinician will discuss their disagreement about your request if you ask.
 - Receive confidential communication by alternative means and at alternative locations (e.g., not have bill sent to your home address).
 - Inspect and obtain a copy of your PHI upon your written request. Your access may be denied under certain circumstances and you may request that the denial be reviewed. Your clinician will be pleased to discuss the details of the request and denial process with you if you ask. Psychotherapy Notes are for clinician's use only, are separate from your PHI, and are not available to you.
 - Request an amendment to your PHI. Your request may be denied by your clinician. Your clinician will discuss the amendment process with you if you ask.
 - Request an accounting of disclosures of your PHI.
- V. **Clinician's Duties:** Your clinician is required by law to maintain the privacy of your PHI and to provide you with this PRIVACY NOTICE of privacy practices. Current patients will be notified by mail in the event there are revisions to the privacy policies and practices.
- VI. **Complaints:** If you are concerned that your privacy rights have been violated or you disagree about a decision made regarding access to your record, you may contact Pamela J. Trent, Ph.D., Executive Director, PPAD, PLLC. You may also send a written complaint to the Secretary of the US Dept of Health & Human Services.
- VII. This PRIVACY NOTICE goes into effect on April 14, 2003. Your signature on the attached **Consent Agreement** indicates that you have read and understood the content of this PRIVACY NOTICE.