



Wellspring Center, PLLC  
1995 NC Hwy 172 Suite B  
Sneads Ferry, NC 28460  
Phone: 910-327-0800  
Fax: 888-728-0060

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## Notice of Privacy Practices

**As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.**

### **1. Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice and will be followed by all personnel employed by or contracted with this office (includes students and trainees). We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, as well as on our online site ([www.wellspringcenterllc.com](http://www.wellspringcenterllc.com)) and you may request a copy of our most current Notice at any time from your therapist.**

### **2. If you have any questions about this Notice, or if you wish to file any form of written request, amendment or complaint, please contact:**

Alicia Chinlund, LPA, LPC, LCMHC  
1995 NC Hwy 172 Suite B  
Sneads Ferry, NC 28460  
Phone: 910-327-0800  
Fax: 888-728-0060

### **3. We may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which we may use and disclose your PHI.

**a. Treatment** The employees of this practice may use or disclose your PHI with each other in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to other healthcare providers who may be directly involved in your care during or following your treatment at this office. We may disclose information about you to another healthcare provider such as a hospital if you are hospitalized for reasons pertaining to your care at this office. We may contact you at your home to discuss with you or your designated representative any issues related to your treatment or other clinical concerns.

**b. Payment.** Our practice may use and disclose your PHI in order to obtain authorization or to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are

eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

**c. Health care operations.** Our practice may use and disclose your PHI to operate our business. Our practice may use your PHI to maintain compliance with licensing and clinical supervision requirements of professional disciplines represented by this practice. Our practice may also use your PHI to conduct internal clinical and financial audits to ensure compliance with profession and legal standards. Our practice may disclose information to licensing or credentialing agencies who evaluate our qualifications and review our care to determine if we can be credentialed, certified or approved under a health plan or to treat clients.

**d. Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment by phone, email or mail marked "Personal and Confidential." Our practice may leave a voicemail message unless specifically prohibited by you in writing. Our practice may leave an appointment reminder message with an identified member of your family unless specifically prohibited by you in writing. We will use the contact information that you provide to us.

**e. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

#### **4. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**a. Public health risks.** Our practice may disclose your PHI to public health authorities that are mandated or authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential or actual abuse or neglect of an adult patient (including domestic violence.)
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**b. Health oversight activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**c. Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**d. Law enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena, search warrant or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,

- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**e. Serious threats to health or safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**f. Military.** If you are a member of U.S. or foreign military forces (including veterans), our practice may disclose your PHI if required to do so by the appropriate authorities.

**g. National security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

**h. Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

**i. Workers' compensation.** Our practice may release your PHI for workers' compensation and similar programs.

**j. Research.** Under certain circumstances, we may use and disclose information about you for research purposes. We will obtain your written consent if researchers require individual identification of clients. Information about you that has had all identifying information removed may be used for research without your consent.

**5. Your rights regarding your PHI:** You have the following rights regarding the PHI that we maintain about you:

**a. Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

**b. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

**c. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. If you agree, we may provide a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any for preparing the summary or explanation. You must submit your request in writing in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may collect the fee before providing a copy to you. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**d. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**e. Accounting of disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, a doctor sharing information with a therapist; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**f. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**g. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice. You may also contact the Secretary of the United States Department of Health and Human Services:

Office for Civil Rights – Region IV  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone 404-562-7886  
FAX 404-562-7881  
TDD 404-331-2867  
[www.hhs.gov/ocr](http://www.hhs.gov/ocr)

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. **Please note that we are required to retain records of your care. Client data is maintained in a computerized system for financial, statistical, and program planning purposes. Only authorized staff members have access to this data.**

I have read and understand the above information, and agree to these terms.

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Alicia L. Chinlund, MA, LCMHC, LPA (date)

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Client or Client’s Legal Representative (date)