

Western Carolina Counseling Services, PA

**103 Sylvan Heights
Sylva, North Carolina 28779**

Jean Kirkland MA LPC
John Ritchie PhD LP

Phone 828 586-8700
Fax 828 631-4435

NOTICE OF PRIVACY PRACTICES AND POLICIES (HIPAA)

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Uses and disclosures for Treatment, Payment, and Health Care Operations

We may *use or disclose your protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

“PHI”, or *protected health information*, refers to information in your health record that could identify you.

Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within our [office, clinic, practice group, etc.], such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of our office [office, clinic practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes which are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose “protected health information” (PHI) without your consent or authorization in the following circumstances:

Serious Threat to Health or Safety: We may disclose PHI to protect you or others from a serious or imminent threat of harm by you.

Judicial or Administrative Proceedings: We will not disclose PHI unless we receive a subpoena or court order. You will be informed in advance if this is the case.

Child or Elder Abuse or Neglect: If you disclose child or elder abuse, or that you were abused when you were under 18 years of age and there are minors presently at risk with this perpetrator, we will report related information to the county Department of Social Services.

Within-Agency Consultations and Operations: We may disclose PHI to each other within Western Carolina Counseling Services in consultation about your treatment and services or in the filing of insurance claims.

Minors: We may share PHI of minors under 18 years of age if requested by their parents or required by law. The desired expectations and limits will be discussed with the minor and his/her parent(s) to enhance both confidentiality and protection of the minor.

Health Oversight: The North Carolina Psychology Board and the North Carolina Board of Professional Counselors have the power, when necessary, to subpoena relevant records should we be the focus of an inquiry, and we can disclose client information to defend ourselves if there is a filed complaint or lawsuit.

IV. Client's Rights

Right to Request Restrictions: You have the right to submit a written request for a reasonable restriction on certain uses and disclosures of protected health information about you. However, we are not required to agree to every restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request we will send your bills to another address.)

Right to Inspect and Copy: You have the right to request to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances or information provided by third parties. On your request, we will discuss with you the details of the request and denial process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, We will discuss with you the details of the amendment process.

Right to Accounting: You have the right to receive an accounting of the disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the Notice of Privacy Practices from us upon request.

V. Psychologist's/Counselors' Duties:

Provide Notice of Privacy Practices: We must provide you with this Notice of Privacy Practices on the first encounter we have with you on or after April 14, 2003.

Abide with this Notice: We must abide by the terms of this Notice of Privacy Practices

Changes to the Notice: We reserve our right to change our policies and practices with regards to protecting your protected health

information. Unless we notify you of such changes, we are required to abide by the terms currently in effect.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Jean Kirkland, M.A. LPC or John Ritchie Ph.D. LP at 828 586-8700.

If you believe that your privacy rights have been violated and wish to file a complaint with *us/our* office, you may send your written complaint to us at Western Carolina Counseling Services, 103 Sylvan heights, Sylva, NC. 28779.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The persons listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.