

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 according to the Health Insurance Portability and Accountability Act (HIPAA). Trust and confidentiality are cornerstones of an effective psychotherapeutic relationship, and the privacy of your record is protected by North Carolina state law, professional ethics codes, and the policies described in this Notice. Please review this Notice carefully and contact your therapist or the contact listed at the end of this Notice if you have any questions.

I. DEFINITIONS

HIPAA regulations divide your record into two categories: protected health information and psychotherapy notes. **Protected health information (PHI)** refers to information created by us, in both electronic and paper form, that can be used to identify you. PHI contains data about your health/condition, the healthcare we provide, and payment for that healthcare. Psychotherapy notes contain more detailed documentation and analysis of your sessions and are kept separate from your PHI. **Psychotherapy notes** are not accessible to insurance companies or other third-party reviewers nor, in some cases, to the clients themselves.

This document describes how your PHI that is in our possession may be used and disclosed as well as how we will make that information available to you. PHI is *used* when we share, apply, utilize, examine, or analyze information within our practice; PHI is *disclosed* when we release, transfer, give, or otherwise reveal it to a third party outside our practice.

II. YOUR RIGHTS

- A. Privacy – Psychologists are required by law to safeguard the privacy and security of your protected health information (PHI) according to the guidelines set forth by HIPAA, the professional ethics code of the American Psychological Association, and North Carolina state regulations.
- B. Minimum Necessary - With some exceptions, we will not use or disclose more of your PHI than is minimally necessary to accomplish the purpose for which the use or disclosure is made.
- C. Further Restrictions - You may request restrictions on certain uses and disclosures of PHI; however, we may not comply with all requests. If we do not agree to your request, we will put those limits in writing.
- D. Access - In general, you may inspect or obtain a copy of your PHI that is in our possession as long as that PHI is maintained by us.
- E. Delivery Method - You may ask that your PHI be sent to you at an alternate address or by an alternate method, and we will comply with that request to the extent possible.
- F. Amendment - You may request an amendment of PHI so long as we maintain that PHI in our records; however, we may deny your request. If so, we will explain your right to file a written objection. We will answer your questions concerning the amendment process.
- G. Disclosures - We will keep track of all instances in which we disclose your PHI without your prior authorization (see Section III below). You may request an accounting of all such non-authorized disclosures.
- H. Complaints - You may file a complaint about our privacy practices without retaliation. See section IV below for more information.
- I. This Notice - You will be provided a paper copy of this notice upon request, even if you have previously requested electronic transmission of notices/information. If needed, we may change our privacy policies as allowed by law. If we do so, we will amend this Notice and provide an updated copy to all active clients.

III. USES AND DISCLOSURES

We may use and disclose your PHI for several reasons. Some of these uses and disclosures require additional prior written authorization, while others do not.

A. TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent. Accordingly, your PHI may be used or disclosed to another healthcare professional to provide and coordinate treatment for you. Your PHI may be used or disclosed to bill and collect payment for services we provide to you. Additionally, it may be used to facilitate the efficient and correct operation of services.

B. FURTHER DISCLOSURES

Federal and state law do not require patient consent for the following additional disclosures:

1. Child abuse: We are expected to report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We are also expected to comply with a request from the Department of Social Services to release records relating to a child abuse or neglect investigation.
2. Adult abuse: We are expected to report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.
3. Judicial/Administrative Proceedings: We are expected to comply with an appropriately issued court order or subpoena requiring that we release your PHI.
4. Serious Threat to Health or Safety: We may disclose your PHI to protect you or others from a serious threat of harm.
5. Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.
6. Specific Government Functions: Under certain circumstances, we may disclose the PHI of military personnel or veterans. Also, we may disclose PHI in the interest of national security.
7. Health Oversight Activities: Certain public health activities or investigations may necessitate the disclosure of PHI.
8. As Required by Law: There may be other instances where either federal or state law requires that we release your PHI.

C. USES PURSUANT TO AN AUTHORIZATION

North Carolina state law and professional ethics codes require authorization and consent before most uses and disclosures of PHI; HIPAA regulations do not change this requirement. In signing this Notice, you are providing general consent to care and authorizing the use and disclosure of PHI for the purposes listed in sections IIIA and IIIB. In many of these instances and in any other situation not described in Sections IIIA and IIIB, we will request your specific written authorization before using or disclosing your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to the extent that we have not already taken action based upon the original authorization.

IV. QUESTIONS OR CONCERNS

If you have questions about this notice, disagree with a decision we make about access to your PHI or have any concern that we have compromised your privacy rights, contact Anne Storelli, LPC, LMFT, PLLC at 1709 Legion Rd., Suite 226, Chapel Hill, NC 27517 or (919) 391-8915. You may also file a written complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201.

V. EFFECTIVE DATE

This notice is in effect as of September 15, 2016.