

PRESBYTERIAN COUNSELING CENTER

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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. PLEASE REVIEW IT CAREFULLY.

We believe confidentiality is an essential feature of the counseling process. We maintain very strict standards of confidentiality in our practice, and do everything we can to guard the privacy of clients. We commend the laws that are designed to protect your personal health information. The laws are complicated, because of the many federal and state laws and our professional ethics. This notice describes how carefully we seek to respect and protect your privacy. Because the rules are complicated, some parts of this notice are very detailed. If you have any questions, our privacy officer will be happy to help you understand our procedures and your rights.

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A. Introduction: To our clients

This notice will tell you how we handle your psychological/medical information. It tells how we use this information here in this office, how we may share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our privacy officer for more explanations or more details.

B. What we mean by your psychological/medical information

Each time you visit us or any type of health care provider, many forms of information are collected about you and your physical and mental health. All the information we collect from you is called “**PHI,**” which stands for “**protected health information.**” This information goes into your **health care records** in our office.

In this office, your PHI may include information such as:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records.

We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who may also be treating you.
- To show that you actually received services from us, which we billed to you or to your health insurance company.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that.

C. Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new notice of privacy practices in our office where everyone can see. You or anyone else can also get a copy from our privacy officer at any time. In addition, it is posted on our website at presbyteriancounselingcenter.org

D. How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the *minimum necessary* PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate **Consent to Receive Treatment form** that acknowledges you have been given a copy of this NPP and that you understand our policy for using and sharing your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called "health care operations." In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you.

a. The basic uses and disclosures: For treatment, payment, and health care operations

For treatment. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; treatment planning; or measuring the benefits of our services. We may share your PHI with others who provide treatment to you. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we may need to tell them things about you and your conditions. We may get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your

conditions. We may need to tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide.

b. Other uses and disclosures in health care

Appointment reminders. We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or your work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

2. Uses and disclosures that require your authorization

If we need to use your information for any purpose besides those described above, we need your permission on an **Authorization Form**. We don't expect to need this very often, or at all. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

3. Uses and disclosures that don't require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

a. When required by law. There are some federal, state, or local laws that require us to disclose PHI. For example:

We must share information when there is suspected or reported child sexual abuse.

We must share information when we are required by lawsuits or other legal or court proceedings. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the requested information.

We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

b. For law enforcement purposes. We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities. We may disclose some of your PHI to agencies that investigate diseases or injuries.

d. For specific government functions. We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

e. To prevent a serious threat to health or safety. If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law. If it is an emergency, and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

5. An accounting of disclosures we have made

When we disclose your PHI, we may keep some records of whom we sent it to, when we sent it, and what we sent.

E. Your rights concerning your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.

2. You have the right to ask us to limit what we tell people involved in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you. Contact our privacy officer to arrange how to see your records. (See below.)

4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.

5. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area, and you can always get a copy from the privacy officer.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the privacy officer, whose name and telephone number are listed below. If a problem arises with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. If you have any questions or problems about this notice or our health information privacy policies, please contact our privacy officer:

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The effective date of this notice is: 4/28/09