

NORTH CAROLINA NOTICE OF PRIVACY & SECURITY FOR THE PSYCHOTHERAPY PRACTICE OF STEPHANIE NILSEN, Ph.D.

This notice provides an overview of the basic components of the Health Insurance Portability and Accountability Act (HIPAA) that address the privacy and security of your health information. This document 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.

PRIVACY

Uses and Disclosures for Treatment, Payment, and Health Care Operations

I 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 refers to information in your health record that could identify you.

Treatment refers to my providing, coordinating, or managing your health care (in other words, providing counseling and other mental health services) and other services related to your health care (such as talking with your primary care doctor or another psychologist).

Payment involves me obtaining reimbursement for the mental health services that I provide to you. Examples of payment are when I 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 of your health information involves what I do, here in my office, with the health information you share with me. For instance, I keep a file or record that has health information about you and about our work. Only I have access to that information.

Disclosure of your health information involves how I might share your health information with other entities involved in your care.

Breach of personal health information is acquisition, access, use, disclosure of your PHI in violation of HIPAA Privacy Rules.

Uses and Disclosures Requiring Authorization

I may use or disclose your health information for purposes other than treatment, payment, and health care operations when your written authorization is obtained. This authorization is specific, requires your written consent, and is above and beyond the general consent that you may decide to give after reading this entire document. In those instances when I am asked for PHI for purposes not described in this notice, I will obtain an authorization from you before releasing this information. I will obtain authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversation during our counseling sessions, which I keep separate from the rest of your medical record. These notes are given a

greater degree of protection than other forms of health information in your file. *Please know that except for instances where these notes would be legally requested, I would not release these notes or ask you to consent to the release of these notes.*

You may revoke all such authorizations (of your health information or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

If you pay out of pocket for your psychotherapeutic services, you have the right to restrict disclosure of your PHI to your health insurance plan/carrier. This provision may be necessary were the health insurance plan to dispute reimbursing you for services. Please know that in any correspondence about such matters with insurance, I provide the minimally necessary information and will seek to obtain your permission prior to communicating with the health insurance plan (even though this HIPAA regulation states that I do not have to obtain permission).

Uses and Disclosures Which Require Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, I must do so.
- **Adult and Domestic Abuse:** If information you give me gives me reasonable cause to believe that a disabled adult is in need of protective services, I must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.

- **Worker’s Compensation:** If you file a workers’ compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.
- **Other Circumstances:** When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state’s confidentiality law. This includes certain narrowly defined disclosures of PHI to law enforcement agencies, to a health oversight agency (such as Health and Human Services or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Your Rights (Patient’s Rights)

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to all requests.

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 or roommate to know that you are seeing me. Upon your request, I will send any correspondence to another address.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I 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 from me upon request, even if you have agreed to receive the notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-Of-Pocket for Psychotherapeutic Services: You have the right to restrict certain disclosures of PHI to a health insurance plan/carrier when you pay out-of-pocket in full for my services.

Right to be Notified if There is a Breach of Your Unsecured PHI: If there were a breach of your PHI, you have the right to be notified of the breach.

My Duties (Psychologist's Duties):

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice by US mail or electronic mail or directly give it to you when you come for your appointment.

Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I make about access to your records, please first discuss your concerns with me. I will work with you to reach a mutually acceptable and satisfying solution.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The address for complaints that occur in North Carolina is:

U.S. Department of Health and Human Services
Office for Civil Rights
61 Forsyth St, SW
Suite 3B70
Atlanta, GA 30232
(404) 562-7886
(404) 331-2867 (TDD)
(404) 562-7881 (fax)

Effective Date

This notice initially went into effect on April 14, 2003. Final Rules regarding HIPAA Privacy Regulations are effective from September 23, 2013.

Security of Your Personal Health Information

The security of your personal health information in this office is addressed in the following ways:

The only person who has access to files where your health information is kept is me. During times that I am away from my office the files are stored and locked in file cabinets within my locked office.

My computer is password secured and encrypted.

If you are going to use your health insurance, you know that your insurance carrier takes many precautions to secure your health information. Health insurance companies have secure sites on the web through which clinicians can submit billing claims. These sites which I use are accessible with a clinician identification number and password. Health insurance claims that go through the US Mail are sealed.

Faxing of documents requires that the location of the fax machine is in a secure site. I do check with health insurance companies to make sure that the fax machine is located in a secure position. I request that health insurance companies send me personal health information only through the US Mail as I am unable to receive faxed documents.

In the event that I would be in a serious accident, I have designated colleagues to be in touch with my current patients.

Added to Privacy Notice 11/12/13

Breaches of Personal Health Information

A breach of PHI is acquisition, access, use, or disclosure of your PHI in violation of HIPAA Privacy Rules. If a breach were to occur, you have a right to be notified and I would notify you. In addition, I would conduct an investigation and risk assessment of the breach to determine how to make necessary adjustments and to prevent recurrences of breaches.

Added to Privacy Notice 9/23/13

Acknowledgement of Receipt of HIPAA Notice

I, _____, acknowledge that I have received a copy of the Health Information Portability and Accountability Act (HIPAA) Notice form.

Signature

Date