



Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

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

Effective date: September 13, 2013

This notice describes Corban Counseling's policies related to the use and disclosure of your protected health information. Protected health information is any information about health status, provision of health care, or payment for health care that may be linked to a specific individual. It includes any part of a client's medical record. This notice also describes your rights to access and control your health information. Corban Counseling has been and will always be totally committed to maintaining client confidentiality. We will only release healthcare information about you in accordance with federal and state laws and the ethics of the counseling profession.

Uses and Disclosures of Your Protected Health Information

We may use or disclose your health information without your prior authorization to provide treatment services, to authorize services from your insurance provider, to collect payment and to conduct healthcare operations. State and federal laws allow us to disclose your health information for these purposes.

A. Treatment

We may use or disclose your health information to provide, manage or coordinate your care or related services. In the event that your therapist is unavailable due to extended illness, an emergency, vacation or death, another licensed therapist on staff with Corban Counseling may have access to your health information to provide care in their absence and to ensure your information is secure. Where your identity is included, a separate authorization may be required.

B. Payment

We will, at your request, prepare a bill identifying your diagnosis and procedure code to be given or sent to you and/or a third-party payer. Information may be shared with your insurance carrier to verify insurance coverage and/or benefits, to authorize treatment, to process your claims as well as information needed for billing and collection purposes. Corban Counseling may bill the person in your family who pays for your insurance.

C. Healthcare Operations

Information may be used for certification, compliance and licensing activities.

D. Other uses or disclosures of your information, which do not require your consent

There are some instances where your therapist may be required to use and disclose information without your consent.

- a) Your therapist is required by North Carolina State Law to report information if they believe you intend to do harm to yourself or another person, or when they believe a child or elder person has been or will be abused or neglected.
- b) Your therapist may disclose information with law enforcement if a crime is committed on the premises or against your therapist. Your therapist may disclose information as required by law such as a court order.
- c) It may also be necessary to contact you regarding appointments, the need to reschedule or to discuss issues related to treatment or payment. In these instances, every attempt will be made to protect your privacy.

Corban Counseling's Responsibilities

A. Provide Notice of Privacy Practices

We must provide you with our Notice of Privacy Practices on the first encounter we have with you and must abide by the terms of this Notice.

B. Minimum Necessary

We must limit the health information that is disclosed to the amount reasonably necessary when required to do so.

C. Electronic Communication

Email and other electronic forms of communication are limited in terms of security of information. All reasonable precautions will be taken to protect your health information. Use of email to share, disclose, or discuss your health information should be limited. Your health information will not be faxed unless the identity of the person/provider receiving the information is known.

For all other circumstances, we may only use or disclose your health information after you have signed an authorization for release of information.

Your Rights

A. Right to confidential or alternative communication

Sometimes it is necessary to contact you about appointments or other matters. You have the right to request reasonable confidential communications or alternative means of communications of your protected health information.

B. Right to release your health records

No one, including family or outside healthcare providers, has access to your records without your written permission, except as listed above. You may consent in writing to release your records to others. You have the right to submit a written revocation of this authorization at any time, to the extent that action has not already been taken.

C. Right to inspect and copy your health and billing records

You have the right to inspect and obtain a copy of the information contained in your health records. Under limited circumstances, I may deny your request to inspect and copy. If you ask for a copy of any information, I may charge a reasonable fee for the costs of copying, mailing and supplies.

D. Right to add information or amend your record

You have the right to request an amendment of your record. A decision on your request will be made within 60 days. Under certain circumstances, your request to add or amend information may be denied. If your therapist denies your request, you have a right to file a statement that you disagree. Your statement and your therapist's response will be added to your record. To request an amendment, you must submit your request in writing and provide an explanation concerning the reason for your request.

E. Right to an accounting of disclosures

You have the right to submit a written request of an accounting of any disclosures, if any, we have made related to your health information. Information regarding disclosure is available for a specific time of no longer than six years. We will notify you of the cost involved in preparing this list.

F. Right to request restrictions on uses and disclosures of your health information

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing. In some circumstances, your therapist may not be able to adhere to such a request, if federal or state law requires an exception to the confidentiality agreement as in section D of Uses and Disclosures.

G. Right to complain

If you believe your privacy rights have been violated, please contact your therapist personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the North Carolina Marriage and Family Therapy Licensure Board at Post Office Box 37669, Raleigh, NC 27627, Phone (919) 469-8081, FAX: (919) 336-5156, Email: ncmftlb@nc.rr.com, WEB: www.ncmft.org and / or the U.S. Department of Health and Human Services at 1 (800) 367-6543. An individual will not be retaliated against for filing such a complaint.

H. Right to receive changes in policy

You have the right to receive any future policy changes secondary to changes in federal and state laws.

NOTICE OF PRIVACY PRACTICES: RECEIPT AND ACKNOWLEDGMENT OF NOTICE

Client Name (Please Print): _____ **Date of Birth:** _____

2nd Client/Legal Guardian Name (Please Print): _____ **Date of Birth:** _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the "Notice of Privacy Practices." I understand that if I have any questions regarding the notice of my privacy rights, I can contact Corban Counseling at 704-560-8706.

Signature of Patient/Client/Personal Representative:

_____ **Date:** _____

Relationship*: _____

** If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)*

_____ Patient/Client refuses to acknowledge receipt of **Notice of Privacy Practices.**

Signature of Staff Member: _____ **Date:** _____