

Living Well International Center, PC

312 W. Millbrook Road, Suite 121 Raleigh, NC 27609
(919) 825-1339 Office/ (919) 301-8957 Fax

NOTICE OF PRIVACY PRACTICES

As a therapist we have a legal duty to protect private information about you.

- We are required to protect the privacy of health information about you or your child. We are required to follow the procedures in this Notice.

WE MAY USE AND DISCLOSE INFORMATION UNDER THE FOLLOWING CONDITIONS.

1. We may use and disclose information about you to provide services.

This may include communicating with other health care providers regarding your treatment. For example, we may use and disclose information when you need a referral for other health care services, or to receive authorization to begin services.

2. We may use and disclose information about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your insurer to assure that services are covered.

3. We may use and disclose your information for health care operations.

We may use and disclose information about you in performing business activities, which are called “health care operations”. These “health care operations” allow me to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose information about you for “health care operations” include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services; Area Mental Health Authorities; or the NC Council of Community Programs.
- Resolving grievances.
- Reviewing activities and using or disclosing information in the event that control of my practice changes significantly.

4. We may disclose information to persons involved in your care.

We may disclose information about you to a relative, or any other person you identify if that person is involved in your care and the information is relevant to your care. Where the client is a minor, for instance, we may disclose information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. We may also disclose information about you to a relative or other person involved in your care if there is an emergency situation, and we need to notify someone of your location or condition.

You may request that we not disclose information to persons involved in your care. We will generally comply with your request, unless there is an emergency, or if the client is a minor. If the client is a minor, we may or may not be able to comply with your request.

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5. Other circumstances in which we may use and disclose information about you.

We may use and/or disclose information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceedings, or when the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose information about you to a state or federal health oversight agency which is authorized by law to oversee my operations or to assure the public health.
- When the disclosure is for law enforcement purposes. For example, we may disclose information about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries, or in reporting of missing persons.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose information about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose information about you to a correctional institution having lawful custody of you.

6. We may use or disclose information about you with your authorization.

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose information about you. If you sign a written authorization allowing me to disclose information about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. **You have the right to request restrictions on uses and disclosures of information about you.** We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Department of Health and Human Services, and uses and disclosures described in the previous section of this Notice.
2. **You have the right to request different ways to communicate with you.** You have the right to request how and where we contact you. For example, you may request that we contact you at your work address or phone number or by email.
3. **You have the right to request to see and receive a copy of information in your clinical record.** There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and

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describing any rights you may have to request a review of our denial.

You have the right to request amendments or changes to clinical, billing and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, we may add information to indicate the problem and notify others who have copies of the inaccurate or incomplete information.

4. **You have the right to receive a written list of disclosures about you.** You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). we are not required to include disclosures:
- For your treatment;
 - For billing and collection of payment for your treatment;
 - For health care operations;
 - Authorized by you, or which are made to individuals involved in your care;
 - Allowed or required by law when the use and/or disclosure relates to certain specialized government functions;
 - As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

5. **You have the right to request a paper copy of this Notice** at any time.
6. **You have the right to request restrictions on uses and disclosures.** You have the right to request that we limit the use and disclosure of information about you for treatment, payment and health care purposes.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated you may send a written complaint to the Department of Health and Human Services at:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

If you file a complaint, we will not take any action against you or change your treatment in any way.

When you have had these rights explained and received a copy, please sign the attached form.

EFFECTIVE DATE OF THIS NOTICE – This notice is effective on May 1, 2020.

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Recipient's Signature: _____ Date: _____

Clinician's Signature: _____ Date: _____