

- **Right to Inspect and Copy** – You have the right to inspect and/or obtain a copy of PHI in your clinical record for as long as the PHI is maintained there. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your counselor may deny your request.
- **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.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will inform all current clients by mail.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision your counselor made about access to your records, you may contact Robert B. Giduz (828) 322-9130.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will post new terms in the office or provide you with a revised notice by mail.



HIPAA Privacy Notice

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Notice of Our Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE 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.

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

We 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, Payment and Health Care Operations**
 - **Treatment** is when we provide, coordinate or manage your health care and other services related to your health care (ex. consulting with another health care provider, such as your family physician.)
 - **Payment** is when we obtain reimbursement for your healthcare (ex. disclosing your PHI to your health insurer to obtain reimbursement for services.)
 - **Health Care Operations** are activities that relate to the performance and operation of our practice (ex. quality assessment and improvement activities.)
- **Use** applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. **Psychotherapy notes** are notes your counselor makes about the content of a counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorization (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we 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.

Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** If you give your counselor information which leads him/her to suspect child abuse, neglect, or death due to maltreatment, he/she 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, we must do so.
- **Adult and Domestic Abuse:** If information you provide gives your counselor reasonable cause to believe that a disabled adult is in need of protective services, he/she must report this to the Director of Social Services

- **Health Oversight:** The North Carolina Psychology Board (and other professional boards) have the power to subpoena relevant records should your counselor 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 services that we have provided you and/or the records thereof, such information is privileged under state law, and we may 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 the evaluation is court ordered. You will be informed in advance if this is the case.)
- **Serious Threat to Health or Safety:** Your counselor 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, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

Patient's Rights and Counselor's Duties

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your counselor is not required to agree to a restriction you request.
- **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 to know that you are seeing a counselor. Upon your request, we will send your bills to another address.)