



www.heritagecw.com
910.240.4599

Notice of Privacy Practices

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This form is effective December 2020.

Heritage Counseling and Wellness, PLLC, only releases information in accordance with state and federal laws and the ethics of the counseling profession. This notice describes our company policies relate to the use and disclosure of a client's Protected Health Information (PHI).

Use and disclosure of protected health information for the purposes of providing services:

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care.

State and federal laws allow us to use and disclose your PHI for these purposes:

For Treatment.

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment.

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking audit activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For

example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For data-gathering for the NC Health Information Exchange or for training or teaching purposes, PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

North Carolina has passed a law that requires all services funded by state dollars to be reported to the state health information exchange (HIE), also known as NC HealthConnex. Beginning 01/01/2022, Heritage Counseling and Wellness PLLC will begin submitting data to the HIE in an effort to meet the data standards that comply with the NC HealthConnex Privacy and Security Policy and the Behavioral Health Sensitive Data Policy. Required data which will be transmitted include patient and provider demographics, encounter information such as the date and time of the session, service codes, and the patient's diagnosis code. Patient diagnosis codes are marked as confidential. This is done to hide the patient's diagnosis code from any other user of the HIE unless the user affirmatively indicates a need-to-know of the diagnosis. Substance abuse records or psychotherapy notes will not be submitted. While the law does allow a patient to opt-out of data sharing from HealthConnex, the law still requires providers to submit the patient data to HealthConnex.

The N.C. General Assembly has created a way for patients to prevent information submitted to NC HealthConnex from being shared between participating health care providers, called "Opt Out." For more information please refer to: <https://hiea.nc.gov/patients/your-choices>

For More information about the NC Health Connex please refer to: <https://hiea.nc.gov/patients>

NC HealthConnex Privacy and Security Policy: <https://hiea.nc.gov/privacy-security-policy>

Behavioral Health Sensitive Data Policy:
<https://hiea.nc.gov/behavioral-health-sensitive-data-policy>

Confidentiality

As a rule, Heritage Counseling and Wellness, PLLC will disclose no information about you, or the fact that you are a patient at our practice, without your written consent. Your formal mental health records describe the services provided to you and contain the dates of your sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, therapists do not routinely disclose information in such circumstances, so your therapist will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached informed consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting your therapist.

Limits of Confidentiality

Your therapist may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

Family or Group Therapy: While confidentiality is encouraged by your therapist in group or family therapy, the therapist can not ensure that other participants will maintain your confidentiality.

Medical Emergency: We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency. If a therapist believes that a client presents an imminent danger to the health and safety of him/herself or another person, the therapist may be required to disclose information in order to take protective actions, including initiating hospitalization, warning the potential victim, if identifiable, and/or calling the police. If such a situation arises, the therapist will make every effort to fully discuss it with you before taking any action and will limit disclosure to what is necessary.

Child Abuse Reporting: If your therapist has reason to suspect that a child is abused or neglected, he/she is required by North Carolina law to report the matter immediately to the North Carolina Department of Social Services.

Adult Abuse Reporting: If your therapist has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, he/she is required by North Carolina law to immediately make a report and provide relevant information to the North Carolina Department of Welfare or Social Services.

Health Oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial

assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and your therapist will not release information unless you provide written authorization or a judge issues a court order. If your therapist receives a subpoena for records or testimony, he/she will notify you so you can file a motion to quash (block) the subpoena if you desire.

Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in their care or payment for care prior to death, based on prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Law Enforcement: We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions: It is our policy to permit the use and disclosure of PHI for specialized government functions including military and veterans' activities, national security and intelligence activity, protected services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations, and government programs providing public benefits.

Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research: PHI may only be disclosed after a special approval process or with your authorization for the purpose of research.

Fundraising/Marketing: We may send you fundraising/marketing communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Other uses and disclosures of information not covered by this notice or by the laws that apply to the practice of counseling will be made only with your written permission.

Client Rights and Provider Duties

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information your therapist discloses about you to someone who is involved in your care or the payment for your care. If you ask your therapist to disclose information to another party, you may request that he/she limit the information they disclose. However, your therapist is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and notify your therapist of: 1) what information you want to limit; 2) whether you want to limit the therapist's use, disclosure or both; and 3) to whom you want the limits to apply.

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 therapist. Upon your request, your therapist will send your bills to another address. You may also request that your therapist contact you only at work, or that he/she do not leave voicemail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

Right to an Accounting of Disclosures: 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 the Limits to Confidentiality section of this Notice). On your written request, I will discuss with you the details of the accounting process

Right to Inspect and Copy: In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, a fee will be charged for costs of copying and mailing. Your request to inspect and copy your PHI may be denied in some circumstances, if your therapist believes that access would likely cause harm to the client or others. You may not be granted access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend: If you feel that protected health information your therapist has about you is incorrect or incomplete, you may ask your therapist to amend the information. To request an amendment, your request must be made in writing, and submitted to your therapist. In addition, you must provide a reason that supports your request. Your therapist may deny your request if you ask him/her to amend information that: 1) was not created by him/her; your therapist will add your request to the information record; 2) is not part of the medical information kept by your therapist; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Breach Notification: If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a copy of this notice: You have the right to a paper copy of this notice. You may ask your therapist to give you a copy of this notice at any time.

Changes to this notice: Therapists reserve the right to change their policies and/or to change this notice, and to make the changed notice effective for medical information your therapist already has about you as well as any information he/she receives in the future. The notice will contain the effective date . A new copy will be given to you or posted in the waiting room. Your therapist will have copies of the current notice available on request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to our office. You may also send a written complaint to the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Heritage Counseling and Wellness, PLLC will not retaliate against you for filing a complaint.

The effective date of this notice is December 2020.