



NOTICE OF PRIVACY PRACTICES
Dr. Don Bartley, LMFT

This notice tells you how I make use of your health information, how I might disclose your health information to others, and how you can get access to the same information. Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to me and I want to do everything possible to protect that privacy. I have a legal responsibility under the laws of the United States and the state of North Carolina to keep your health information private. Part of my responsibility is to give you this notice about my privacy practices. Another part of my responsibility is to follow the practices in this notice.

This notice takes effect on August 1, 2004 and will be in effect until I replace it. I have the right to change any of these privacy practices as long as those changes are permitted or required by law. Any changes in my privacy practices will effect how I protect the privacy of your health information. This includes health information I will receive about you or that I create here in the practice. These changes could also effect how I protect the privacy of any of your health information I had before the changes. When I make any of these changes, I will also change this notice and make a copy available to you of the new notice if you are an active client.

When you are finished reading this notice, you may keep this copy at no charge to you. If you have any questions or concerns about the material in this document, please ask me for assistance which I will provide at no charge to you.

Here are some examples of how I use and disclose information about your health information.

I may use or disclose your health information

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on my staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services I provide for you.
5. To my own staff in connection with my practice operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of my staff, supervising my staff, improving the quality of my services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities, or to my staff for insurance filing.
6. To anyone you give written authorization to have your health information. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point forward.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, I will give you an opportunity to object. If you object, or are not present, or are incapable of responding, I may use my professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, I will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

8. There are several important circumstances in which I cannot guarantee confidentiality, legally and /or ethically: (1) when I believe you intend to harm yourself or another person; (2) when I believe a child or elderly person has been or is in danger of being abused or neglected; (3) in those circumstances in which professional counselors can be ordered by a judge to release information; (4) and confidentiality is waived if the counselor is a party defendant to a civil, criminal, or disciplinary action arising from a complaint filed by the client.
9. Your personal mental health record will be retained by me for a minimum of seven years after your last session. After that time has elapsed, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy.

I will not use your health information in any of my marketing, development, public relations, or related activities without your written authorization. I cannot use or disclose your health information in any ways other than those described in this notice unless you give me written permission. As my client you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by me for my use.
- B. You can ask for photocopies of the information in part 8 above.
- C. I will not charge you for the first request for making these photocopies. I will charge you \$.25 per sheet for any additional requests.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have me communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken by me, and I am treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- F. You can make a written request that I place other restrictions on the ways we use or disclose your health information. I may deny any or all of your requested restrictions. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
- G. You can make a written request that I amend the information in part 8 above.
- H. If I approve your written amendment, I will change our records accordingly. I will also notify anyone else who may have received this information, and anyone else of your choosing.
- I. If I deny your amendment, you can place a written statement in my records disagreeing with my denial of your request.
- J. You may make a written request that I provide you with a list of those occasions where I or my business associates disclosed your health information for purposes other than treatment, payment, or our operations. This can go back as far as six years, but not before August 1, 2004.
- K. If you request the accounting in 9 above more than once in a 12 month period I will charge you a fee based on our costs of tabulating these disclosures.
- L. If you believe I have violated any of your privacy rights, or you disagree with a decision I have made about any of your rights in this notice you may complain in writing to the North Carolina Marriage & Family Therapy Licensure Board PO Box 37669 Raleigh, NC 27627
Phone: (919) 851-7880 Fax: (919) 851-7840