

## **Notice of Privacy Practices**

**Hannah Houston, LCMHC**

This notice informs you on how I will make use of your health information, including how I may disclose your health information to others and how you may access your own health information. Please carefully read this notice and let me know if you would like more clarification or if there are things you don't understand. As your counselor, it is my goal to do everything possible to protect the privacy of your health information. Protecting your right to privacy is my legal responsibility under the laws of the United States as well as the state of North Carolina. Part of this responsibility is to present you with this notice and to follow the practices you will find below.

This notice takes effect on July 1, 2017 and remains in effect until I replace it. I reserve the right to change any of these privacy practices as long as those changes are permitted or required by law. Any changes I make regarding my privacy practices will effect how I protect your private health information whether that be information I receive regarding your health or information I create here in my office even if that information was received or created before my privacy practices were changed. In the event that I change my privacy practices, I will be sure to provide you with an updated notice if you are still an active client with my office.

Please read this notice in its entirety and keep this copy for your records. Please alert me to any questions or concerns you may have regarding the material in this document; I will discuss these questions and concerns with you at no charge to you.

### **Examples of How I Use and Disclose 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 waved 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 "A" 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 "A" 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 July 1, 2017.

K. If you request the accounting in "J" 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 Board of Licensed Professional Counselors PO Box 77819 Greensboro, NC 27417

Phone: 844-622-3572 Fax: 336-217-9450