

Notice of Privacy Practices

Sonya Carter, LCSW, LICSW dba Carter Counseling & Coaching, PLLC

Effective Date: [07/1/2019]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your medical record, paper or electronic, contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI").

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable federal, state, and local laws as well as the NASW Code of Ethics (revised 2017). It also describes your rights regarding how you may gain access to and control of your PHI.

I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices and let you know promptly if a breach occurs that may compromise the privacy or security of your information.

I reserve the right to change the terms of the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. If requested, I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy via postal mail. The most recent copy of my Notice of Privacy Practices will also be available to review at any time through my website (www.cartercounselingcoachingpllc.com) as well as uploaded in your client portal, which is securely maintained by TheraPlatform (www.theraplatform.com).

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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 may include clinical consultation with other medical and psychiatric professionals. I may disclose PHI to other professionals only with your written authorization.

For Payment: If you are asking for reimbursement from a third-party payor, for payment for a service or health care item out of pocket, you may ask me to only disclose the minimum amount of PHI necessary for purposes of reimbursement. If it becomes necessary to use collection processes, due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, licensing, and conducting research.

For example, I may share your PHI with third parties that perform various business activities (i.e. billing, creating quality improvement surveys, etc.) provided I have a business associate agreement (BAA) with the business that requires the third-party to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your written authorization.

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

Without Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations
- Required by Court Order
- 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.
- If you threaten harm to yourself
- You are gravely disabled and unable to care for yourself
- The disclosure of a previously unreported felony crime that has been committed
- To medical personnel (i.e. physicians, nurses) in the event of a medical emergency
- To work with a medical examiner, coroner, or funeral director upon your death
- To address government requests from law enforcement, worker's compensation agency
- To respond to tissue or organ donation requests

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

Written Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. This may include, by not limited to:

- Inform Family or Friends About Your Condition(s) Except In Emergency Situations
- Provide Disaster Relief Activities
- Provide Mental Health Treatment Services
- Engage in Fundraising Activities
- Perform Need Assessments or Program Evaluations
- Conduct Research Activities

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to Sonya S. Carter, LCSW, LICSW dba Carter Counseling & Coaching, PLLC:

- Right to Access, Inspect, and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and obtain a copy or summary of your paper or electronic medical record. I will provide this within 30 days of your written request. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- You have the right to choose someone to make medical decisions for you or be your healthcare or medical power of attorney. You will be required to provide me copies of your healthcare power or legal guardianship documentation.
- Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. I will provide you a written copy as to why I denied your request within 30 days.
- Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures that I make of your PHI for the past six years. I will not include disclosures about treatment, health care operations, or certain disclosures that you have requested of me. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, reimbursement, or health care operations. I am not required to agree to your request.
- Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. This includes how I can communicate with you (i.e. home, cellular, office phone, as well as mailings).
- Right to a Copy of This Notice: You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with Sonya S. Carter, LCSW, LICSW, Compliance Officer. For questions or to respond to any requests call (336) 920-3751. **There will be no retaliation against you for filing a complaint.**

To file a complaint with the federal government, you may call or mail your complaint to the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F
HHH Building
Washington D.C.
(866) 627-7748

I HAVE READ AND UNDERSTAND THE PRIVACY POLICIES DISCLOSED IN THIS NOTICE.

Print Name

Signature

Date