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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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical and mental health records, and other individually identifiable health information used or disclosed in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", I have prepared this explanation of the requirements regarding the privacy of your health information, and the use and disclosure of your health information. I am required by law to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to protected health information. This notice describes my policies related to the use and disclosure of your healthcare information.

This notice is effective June 2003 and I am required to abide by the terms of the Notice of Privacy Practices and Client Rights currently in effect. I will only release information in accordance with state and federal laws and the ethics of the counseling profession. I reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that I maintain. You may request a written copy of a revised Notice of Privacy Practices from this office.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow the use and disclosure of your health information for these purposes.

- **Treatment** means providing, coordinating, or managing care, including consultations and referrals with other health providers.
- **Payment** means such activities verifying insurance or other coverage, processing claims, and collecting fees.
- **Health care operations** include the business aspects of running this practice, review of counseling methods, training, and compliance with licensing and certification activities.

As required by law, other uses and disclosures of information without your consent include: mandated reporting, emergencies, criminal damage, and appointment scheduling.

I may also create and distribute de-identified health information by removing all references to individually identified information.

I may contact you to provide appointment reminders of information about treatment alternatives or other health-related benefits and services that may be of interest to you.

CLIENTS RIGHTS

Under stated and federal law, you have the following rights with respect to your protected health information, which you can exercise by presenting a written request. You have the right to:

- Request where I contact you (home, work, cell phone or other location),
- Release your medical records. Any other uses and disclosures, other than those identified in the Notice of Privacy Practices, will be made only with your written authorization. You may revoke such authorization in writing, and the counselor is required to honor and abide by that written request, except to the extent that actions have been taken in reliance on previous authorization.
- Inspect and copy your protected health information. This request may be denied by the therapist.
- The right to amend your protected health information. This request may be denied by the therapist. If denied, you have the right to file a disagreement statement in the file. An amendment request must be in writing.
- Receive an accounting of disclosures of protected health information, with the exception of: disclosures for treatment, payment or health care operations; disclosure pursuant to a signed release; disclosure made to the client; disclosure for national security or law enforcement
- Request restrictions on uses and disclosures of your healthcare information. This request must be in writing.
- Obtain a paper copy of this notice.

You have recourse if you feel that your privacy protections have been violated. Please contact me first if you have a complaint. If not satisfied, you have the right to file a complaint with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures in this office. There will be no retaliation against you for filing a complaint.