

## NOTICE OF PRIVACY PRACTICES

*This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.*

Your health record 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 your therapist may use and disclose your PHI in accordance with applicable law and describes your rights regarding how you may gain access to and control your PHI.

Your therapist is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. Your therapist is required to abide by the terms of this Notice of Privacy Practices. Your therapist reserves 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 is maintained at that time. You will be provided a copy of the revised Notice of Privacy Practices.

### **How health information about you may be used and disclosed**

- ***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. Your PHI may be disclosed to any other consultant only with your authorization.
- ***For Payment.*** Your PHI may be used and disclosed payment can be received 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 utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, the minimum amount of PHI necessary for purposes of collection will be disclosed.
- ***For Health Care Operations.*** Your PHI may be used or disclosed, as needed, in order to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, your PHI may be shared with third parties that perform various business activities (e.g., billing or typing services) provided a written contract with the business is in place that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. Messages will be left on your voicemail or sent via email or text if you give permission.

# Reflections Wellness Counseling, PLLC

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- **Business Associates.** There may be some services contracted out to Business Associates, who would then have limited access to your PHI in order to fulfill their job duties. All Business Associates are required to sign contracts to safeguard your information.
- **Required by Law.** Under the law, disclosures of your PHI must be made to you upon your request. In addition, disclosures must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.
- **Without Authorization.** Applicable law and ethical standards permit disclosure of 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 or elder abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department).
  - 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. This would include issues of public health and communicable diseases.
- **Verbal Permission.** Your information may be used or disclosed to family members that are directly involved in your treatment with your verbal permission.
- **With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

## **Special Provisions for Alcohol and Drug Abuse.**

If you are receiving treatment for alcohol and drug abuse, that information will not be shared with anyone without your written permission except as allowed by law. Information regarding alcohol and drug abuse treatment may only be disclosed without authorization by you under the following circumstances:

- In response to a special court order that complies with 43 CFR Part 2 Subpart E.
- To medical personnel in a medical emergency

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- To qualified people for research, audit, or program evaluation.
- To report suspected child abuse or neglect
- As allowed by law, to investigate a report that you have been abused or denied your rights.

Federal and State laws prohibit re-disclosure of information regarding alcohol and drug abuse treatment without your permission. Federal rules restrict use of information regarding this treatment to criminally investigate or prosecute a patient.

## **Your Rights Regarding Your PHI**

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing.

- Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI in your therapist's medical and billing records that may be used to make decisions about your care. You may be charged a reasonable, cost-based fee. Access to this information may be restricted under limited circumstances.
- Right to Authorize Release of Information. You may consent to release your records to others. You also have the right to revoke this authorization. And, if you desire to have your information sent to a location different than your address on file, you must provide this information in writing.
- Right to Amend. If you feel that the PHI contained in your medical record is incorrect or incomplete, you may ask that the information be amended. Although, your request to change the record may be denied, you have the right to make a statement of disagreement, which will be placed in your file.
- Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures made of your PHI. You may be charged a reasonable, cost-based fee.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI. Although your therapist it is not required to agree to your request.
- Right to Request Confidential Communication. You have the right to request and receive communications of your PHI by alternative means or to an alternative location.
- Right to a Copy of this Notice. You have the right to a copy of this notice, which you may obtain by making a request for it.