



Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that each patient is provided with a Notice of Privacy Practices (NPP), purpose of the NPP is to inform patients of how the agency will use and disclose patient protected information. This notice describes how protected health information about you may be used and disclosed and how you can gain access to this information.

This notice applies to all services operated by Clinical Counseling and Consulting Services, PLLC

Our Pledge and Legal Duty to Protect Health Information About You

- The privacy of your health information is important to us. We are required by federal and state laws to protect the privacy of your health information. We must give you notice of our legal duties and privacy practices concerning your health information.
- We must protect information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect your health information.
- We must explain how, when and why we use or disclose your health information.
- We may only use or disclose your health information as we have described in this Notice.
- We must abide by the terms of the Notice currently in effect.
We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all health information that we maintain. We will post a revised Notice in our offices and make copies available to you upon request.

Our Uses and Disclosures of Your Health Information

Clinical Counseling and Consulting Services, PLLC is permitted to make uses and disclosures of protected health information for treatment, payment, health care operations, data for oversight and evaluation, as described in the following examples:

- A. Treatment** – For example we may disclose information to a consulting psychiatrist in order to develop a plan of medical treatment. As necessary, we

may share information within Clinical Counseling and Consulting Services, PLLC for treatment payment and health care operations.

- B. Payment** – For example we may be required to disclose information about treatment to the insurance company or medical assistance in order to receive authorization for payment.
- C. Health care operations** – An employee of Clinical Counseling and Consulting Services, PLLC may have access to information about you when evaluating treatment effectiveness as part of a quality assurance project.
- D. Data for Oversight and Evaluation** - Data collected from North Carolina – Treatment Outcomes and Program Performance System (NC TOPPS) This program measures the quality of services by capturing key information on a consumer’s service needs and life situation during a current episode of care. Overall, it is for the purpose of oversight and evaluation of the quality and effectiveness of services. This data can be shared with other provider agencies, LME/MCO or primary medical care providers for the purpose of coordinating care for a specific individual.
- E. Business Associates** – Clinical Counseling and Consulting Services, PLLC may disclose information about you to third party “business associates” that perform various activities for Clinical Counseling and Consulting Services, PLLC. Whenever this occurs Clinical Counseling and Consulting Services, PLLC will have a written agreement that the business associates protect the privacy of your health information.
- F. Appointment Reminders/Information** – Clinical Counseling and Consulting Services, PLLC may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you or your child/family.

Uses and Disclosures Authorized by Law

Clinical Counseling and Consulting Services, PLLC is permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization. These circumstances include:

Clinical Counseling and Consulting Services, PLLC shall disclose client information without written consent under the following circumstances:

- **When mandated by federal or state law**, including the mandatory reporting requirements under the maltreatment of minors and vulnerable adult laws;
- **When the client communicates to Clinical Counseling and Consulting Services, PLLC a specific serious threat of physical violence against a clearly identified potential victim or against the client’s self or against society in general**, Clinical Counseling and Consulting Services, PLLC may release only the information that is necessary to avoid the infliction of physical violence. Clinical Counseling and Consulting Services, PLLC shall

release this information to law enforcement or other appropriate authorities and to the potential victim or victim's legal representative;

- An organization may disclose information to law enforcement **officials if a client is a victim of a crime or perpetrates a crime against Clinical Counseling and Consulting Services, PLLC;**
- Clinical Counseling and Consulting Services, PLLC must disclose information to law enforcement officials **if a client is currently involved in an emergency interaction with the law enforcement agency and the disclosure is necessary to protect the health or safety of the patient of another person;**
- If Clinical Counseling and Consulting Services, PLLC has reason to believe that **a pregnant client has used a controlled substance during pregnancy.**
- **For a health oversight activity** such as an audit, criminal investigation, investigation by a professional licensing board (i.e. Board of Psychology or Board of Social Work) or investigation by the U.S. Department of Health & Human Services.
- **For judicial or administrative proceedings**, such as responding to a county, state or federal court order, legal order, subpoena or other legal documents.
- **To Military Authorities/National Security.** We may give health information to authorized people from the U.S. military, foreign military, and U.S. national security or protective services.
- **To Correctional Facilities.** We may give the health information of an inmate or other person in custody to law enforcement or a correctional institution.

G. Medical Emergency. We may use or give your health information to help you in a medical emergency.

H. Public Health Risks. We may give health information about you for public health purposes that include the following:

- Reporting and controlling disease (such as tuberculosis), injury or disability;
- Notifying a person who may have been exposed to a disease or be at risk for catching or spreading a disease or condition.

Other uses and disclosure will be made only with your written authorization, and you may revoke such authorization at any time through a written notice to Clinical Counseling and Consulting Services, PLLC who is providing services to your child(ren).

Your Individual Rights Regarding Your Protected Health Information

- I. Access** – You have the right to access and receive a copy or a summary of your health information contained in clinical, billing and other records that we maintain and use to make decisions about you. You may request that we provide copies in a format other than photocopies. We will use the format of your request unless we cannot practicably do so. You must make this request in writing to obtain access to your health information. You may obtain a form to request access from your care provider. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. There might be limited situations in which we may deny your request. Under these situations, we will respond to you in writing, stating why we cannot grant your request and describing your rights to request a review of our denial.
- K. Amendment** - You have the right to amend your protected health information, as provided by federal or state regulation. Requests to amend your protected health information must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.
- L. Accounting of Disclosures** – You have the right to request a listing of certain disclosures we have made of your health information. Requests for an accounting of disclosures must be in writing and address to the Corporate Compliance Officer. You may ask for disclosures made up to six (6) years before the date of your request. We will provide you one accounting in any 12 month period free of charge.
- M. Restriction** –You have the right to request that we place additional restrictions on our use or disclosure of your health information. Clinical Counseling and Consulting Services, PLLC is not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).
- N. Confidentiality Communication** – You have the right to request that we communicate with you in a specific way or at a specific location about your health information. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- O. Copy of this Notice** – You have the right to obtain a paper copy of this Notice from Clinical Counseling and Consulting Services, PLLC upon request. You also have the right to request to receive the Notice electronically, and still retain the right to receive a paper copy.