

Cape Fear Developmental Therapies PLLC

KAREN S. KIRK, PhD / AITZA GALARZA, PhD
Licensed Child / Adolescent Psychologists

ASHLY CARPER, LCMHC
Licensed Clinical Mental Health Counselor

2460 Delaney Ave, Wilmington, NC 28403
P.O. Box 16570, Wilmington, NC 28408
Phone: 910-202-9113; Fax: 910-202-9289

NOTICE of PRIVACY PRACTICES

Introduction:

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how health-related information about you and your child/adolescent is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully, and feel free to ask any questions that you may have.

For psychotherapy to be beneficial, it is important that you and your child/adolescent feel free to speak about personal matters, secure in the knowledge that the information shared will remain confidential. You and your child/adolescent have the right to that confidentiality of his or her medical and psychological information, and this practice is required by law to maintain the privacy of that information. Our office is happy to comply with, and abide by, the law that protects your family's confidentiality. If you have any questions about this Notice, please contact Treva Whitesell, the Compliance Officer for this practice; contact information is indicated above.

Who Will Follow This Notice:

Any health care professional authorized to enter information into your child's / adolescent's medical record, and all employees and staff at this practice who may need access to your child's / adolescent's information, must abide by this Notice. Such persons may share medical information for treatment, payment purposes, or health care operations as described in this Notice. Employees and staff are trained as necessary and appropriate to carry out their job functions, regarding policies and procedures to protect personal health information. All staff members and providers are aware that appropriate sanctions will be implemented for failure to comply with HIPAA requirements and thus this policy. Thus, we have in place appropriate administrative, technical, and physical safeguards, in accordance with HIPAA guidelines.

Further, all business associates of this practice (e.g., bookkeeper, accountant, attorney, collection agency) have entered into a written agreement with us, to assure their safeguarding of the privacy of personal health information for our clients. When these persons or entities perform services that require the disclosure of individually identifiable health information, they are bound by HIPAA guidelines as well. Our practice will take reasonable steps to remedy any breach of our agreement that we become aware of.

Except when treatment continuity across providers is involved, only the *minimum necessary information* needed to accomplish the intended task will be shared. Information that will be shared with your referral source, and any other providers of continuity of care for you child / adolescent, will be agreed upon per your authorized consent to release or exchange pertinent information.

It is also important to inform you that protected paper records are stored in a locked, secure area in our office, only accessible to staff and providers. Our computers are password protected, and remain "offline" when a staff member or provider is not present. We do use an Electronic Health Record (EHR) system to document most of your child's / adolescent's record; that business entity is covered by an agreement with us, and none of the information is actually stored in our computers. All data is uploaded into a secure connection that is safeguarded by the EHR provider.

Uses and Disclosures for Treatment, Payment, and Health Care Operations:

We may use or disclose your child's / adolescent's Protected Health Information (PHI), for treatment, payment, and health care operations purposes. Any disclosures may be made in writing, electronically, by facsimile, or orally. The following definitions are provided to clarify privacy terms:

- PHI refers to information in your child's / adolescent's health record that could identify him/her, or you. For example, it may include your child's /adolescent's name, the fact that s/he is receiving treatment here, and other basic information pertaining to his/her treatment.
- Use applies only to activities within our office and practice, such as sharing, employing, applying, utilizing, and analyzing information that identifies you and your child / adolescent.
- Disclosure applies to activities outside of our office or practice, such as releasing, transferring, or providing access to information about you and/or your child to other parties, with your authorization.
- Authorization is your written permission or consent to disclose confidential health information. All authorizations to disclose must be made on a specific and required form, and are voluntary and do not impact whether your child or adolescent will be treated.
- Treatment is when we provide, coordinate, or manage your child's / adolescent's behavioral health care, and other services related to his/her health care. For example, with your written authorization we may provide information to your child's / adolescent 's physician to ensure that that practitioner has the necessary information to treat your child / adolescent.
- Payment - Your child's /adolescent's PHI may be used, as needed, in activities related to obtaining payment for his/her health care services. This may include the use of a billing service, or providing you with documentation of your child's / adolescent's care so that you may obtain reimbursement from his/her insurer.
- Health Care Operations are activities that relate to the performance and operation of our practice. We may use or disclose, as needed, your child's /adolescent's protected health information in support of business activities. For example, when we review an Office Manager's performance, we may need to review what that employee has documented in your child's / adolescent's record. Additionally, health care operations may include accreditation, certification, licensing, or credentialing activities.

Other situations which may involve use of PHI are to:

- contact you to provide appointment reminders.
- assist in the notification of (including identifying or locating) a family member or other person responsible for your child's / adolescent's care as needed to protect your child's health and welfare, if you are incapacitated or unavailable due to an emergency situation.
- assist as needed in disaster relief efforts.
- comply with audit requests by the insurance companies with which we are paneled.

In all such situations, we will use professional judgment to disclose only the minimum necessary information to ensure the care of, but also protect, your child / adolescent.

Written Authorizations to Release PHI:

Any other uses and disclosures of your child's /adolescent 's PHI beyond those listed herein will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing and with specific dates indicated, along with your signature. Again, any written authorization is completely voluntary, and does not impact whether your child or adolescent will be treated in this clinic.

Uses and Disclosures without Authorization:

The ethics code of the American Psychological Association, North Carolina State law, and the federal HIPAA regulations protect the privacy of all communications between a client and a mental health professional. In most situations, we can only release information to others about your child's /adolescent's treatment if you sign a written authorization. This Authorization will remain in effect for a specific length of time; typically six months. You may revoke the authorization at any time, unless we have taken action in reliance on it. However, there are some disclosures that do not require your Authorization. We may use or disclose PHI without your consent in the following circumstances:

- Child Abuse – If we have reasonable cause to believe that a child / adolescent may be abused or neglected, we must report that belief to the appropriate authorities. Typically we will tell you that we are making that report, if it involves your child or adolescent, but we do not have to; our ethical guideline is to protect the child.
- Adult and Domestic Abuse – If we have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, we must report that to the appropriate authorities.
- Health Oversight Activities – We may disclose your child's / adolescent's PHI to a health oversight agency for activities authorized by law, including licensure or disciplinary actions, insurance audits, compliance checks regarding HIPAA regulations, and public health purposes.
- Judicial and Administrative Proceedings – If you and/or your child /adolescent are involved in a court proceeding and a request is made for information by any party about your child's /adolescent's treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization or a court order. However, under limited circumstances, such as a law enforcement warrant or grand jury subpoena, we may disclose protected health information. Additionally, if you file a complaint or lawsuit against anyone in this practice, we may disclose relevant information regarding the patient in order to defend ourselves. The privilege does not apply when you are being evaluated for a third party, such as Disability Determination Services, or where the evaluation is court-ordered. You must be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you or your child /adolescent communicate a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that your child /adolescent presents an imminent, serious risk of injury or death to himself/herself, we may make disclosures considered necessary to protect him/her from harm.
- Worker's Compensation – We may disclose PHI regarding your adolescent, if s/he has a job, as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault.

Special Authorizations:

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

- Psychotherapy Notes – We will obtain a special authorization before releasing your child's / adolescent's Psychotherapy Notes. "Psychotherapy Notes" are notes a practitioner has made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your child's / adolescent's record. These notes are given a greater degree of protection than PHI.

However, authorization is not required regarding those notes in the following situations: for our use in treatment, to defend ourselves in a legal action you bring about in which you or your child / adolescent is the subject of the PHI, or to a coroner or medical examiner.

- HIV Information – Special legal protections apply to HIV/AIDS related information. We will obtain a special written authorization from you before releasing information related to HIV/AIDS diagnosis or treatment.
- Alcohol and Drug Use Information – Special legal protections apply to information related to alcohol and drug use and treatment. We will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided that each revocation is in writing, signed by you, and dated. You may not revoke an authorization if (1) we have already relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage – in that case, law provides the insurer the right to contest the claim under the privacy policy.

Patient's / Parents' Rights and Psychologist's Duties regarding Privacy Policies:

Patient's and Parents' Rights

- Right to Request Restrictions – You have the right to request restrictions on certain uses/disclosures of PHI. However, we are not required to agree to the request, per the parameters described above.
- Right to Receive Confidential Communications by Alternative Means – You have the right to request and receive confidential communications by alternative means and locations.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in our records as these records are maintained, per written request from you. In such cases we will discuss with you the process involved, and relevant fees for those services.
- Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. We may have to deny your request. If so, we will discuss with you the details of the amendment or denial process.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI. We can discuss with you the details of the accounting process, which typically includes the date(s) on which the PHI was disclosed, to whom, and the reason for such disclosure.
- Right to a Paper Copy – You have the right to obtain a paper copy of the Notice of Privacy Practices from this office upon request.

Practice Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you at our next session, or by mail at the address you provided to us.
- It is our policy to treat patients without regard to race, ethnicity, or culture, and we do not discriminate based on age, gender, disabilities, nor mobility impairments. However, we will indicate the limits of our practice parameters, so that your child / adolescent will be best served, particularly as related to the age ranges we serve, and our cultural competence.

Complaints:

If you believe your, or your child's / adolescent's, privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the N.C. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice, please ask us. If you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact them at 919-855-4800. You can also contact Trillium Health Resources, the local behavioral health management entity, at 877-685-2415. We want to ensure that you feel heard and understood, should you have any questions or concerns.

Effective Date, Restrictions, and Changes to Privacy Policy:

This notice will go into effect on September 1, 2012 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.

Your signature on the separate Acknowledgment of Notifications page indicates that you have read the information outlined in this document, and that you agree to abide by its terms during our professional relationship.