



Effective Date: 11/4/13

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information for the purposes of treatment, payment, and health care operations. HIPAA requires that I provide you with this Notice of Privacy Practices to inform you how I use and disclose Protected Health Information for treatment, payment, and health care operations. This Notice explains HIPAA and its application to Protected Health Information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although the information is detailed and sometimes complex, it is very important that you read it carefully before our work together can begin. We can discuss any questions you have about the procedures after you have read the entire document. When you sign this document, our Consent to Treatment, and other related documents, they will, together represent the agreement between you and my practice. You may revoke this Agreement in writing at any time. A revocation will not binding on me insofar as I have taken action in reliance on it, to the extent there are obligations imposed on me by your health insurer in order to process or substantiate claims make under our agreements, or if you have not satisfied any financial obligations you have incurred.

MY OBLIGATIONS:

I am required by law to:

- Maintain the privacy of protected health information
- Give you this notice of my legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that are currently in effect

The ensuing paragraphs explain how, when and why I may use and/or disclose your records which are known as "Protected Health Information" (PHI). Your PHI consists of individually identifiable information about your past, present, and future health and condition and the provision of and payment for health care to you. I may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. Your PHI receives certain protections under the law. Except in specified circumstances, I will not release your PHI to anyone. When disclosure is necessary under the law, I will only use and/or disclose the minimum amount of your PHI necessary.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION:

1. **Treatment:** I might conceivably use and/or disclose your PHI to psychologists, other behavior analysts, school, physicians, nurses, and other health care personnel involved in providing health care services to you, but only with your specific authorization. The only conceivable reason that a specific authorization might not be obtained would be in an emergency.
2. **Payment:** I may use and disclose PHI so that I may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, I may give your health plan information about you to determine benefits or so that they will pay for treatment.
3. **Health care operations:** I may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of my clients receive quality care and to operate and manage the various business functions of my office.
4. **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** I may use and disclose PHI to contact you to remind you that you have an appointment with me. (i.e. if you are not home to receive a phone call, a message may be left on your answering machine or with a person in your household.)



5. **Health information:** I may also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
6. **Individuals Involved in Care or Payment for Care.** When appropriate, I may share PHI with a person who is involved in your care or payment for your care, such as your family or a close friend.

CONFIDENTIALITY AND SPECIAL CIRCUMSTANCES

Clients and their therapists have a confidential and privileged relationship. I do not disclose anything that is observed, discussed or related to clients. In addition, I limit the information that is recorded in your file to protect your privacy. However, please be aware that confidentiality has limitations which include the following circumstances:

- (1) **When I have your written consent to release information.**
I will not disclose any information about you, your child, or the fact that your child is my patient, without your written consent. I will keep records on the services provided, dates of our sessions, assessments, plan for intervention, consultation, summary reports, and/or testing reports, and any release of information obtained. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operational purposes without your prior consent at the onset of services. You may revoke your permission, in writing, at any time, by contacting me.
- (2) **When I am verbally directed by you to convey information to another entity.**
- (3) **When I determine that you are a danger to yourself or others.**
Emergency: If the client is involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- (4) **When I have reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult.**

Child Abuse Reporting: If I have reason to suspect that a child is abused or neglected, I am required by North Carolina law to report the matter immediately to the North Carolina Department of Social Services.

Adult Abuse Reporting: If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by North Carolina law to immediately make a report and provide relevant information to the North Carolina Department of Welfare or Social Services.

- (5) **When I am ordered by a judge to disclose information.**
There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient. In most legal proceedings, you have the right to prevent me from providing any information about treatment. In some proceedings involving child custody and those in which the client's current functioning level is an important issue, a judge may request my testimony if he/she determines that the issues demand it. If you are involved in a court proceeding and a request is made for information concerning the professional services that I have provided, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a **court order**. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information. PHI is disclosed in any litigation, etc. between the provider and the patient.
- (6) **When I use Electronic Transmissions**
It is important to note many of the tools of modern communication may compromise confidentiality, such as computers, cell phones, email, portable phones, and faxes. I do use these forms of communication, but make every reasonable effort to protect your privacy. My computer is encrypted with a password and virus protection; however, ordinary privacy precautions such as passwords, pin codes, voice mail boxes, mail, and secured computers are not full-proof, so your confidentiality may be compromised when communicating via electronic devices, text, or email. E-mail communication should never be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If you have an urgent matter please phone me directly, or call 911 or the mental health center emergency room (704-358-2700). In addition, you should be aware that any e-mail



communications may be made part of your permanent medical record. Signing this document indicates that you accept and understand the following inherent privacy risks involved:

1. Sent and received emails and texts are stored on both my and your computers and phones until deleted. There is no guarantee that I will save or delete such communication.
 2. Whenever communicating via email, it possible for authorities and system administrators to locate and reach such emails under various circumstances. This is due to the nature in which email is transmitted using the internet and other services/networks.
 3. You understand that I may use and disclose PHI to contact you via phone or email regarding appointment reminders and health related benefits (i.e. if you are not home to receive a phone call, a message may be left on your answering machine or with a person in your household.)
- (7) When Consultation is helpful or necessary
As a Master's level psychologist, the North Carolina Psychology Board requires that I receive monthly supervision from a doctoral-level psychologist indefinitely as a practicing psychological associate. Information regarding your case will be discussed with my supervisor and I will disclose information only to the extent necessary to achieve the purpose of consultation. At times, I may also consult with professional colleagues about aspects of your case. Your name and unique identifying characteristics will not be disclosed. The professional is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. My professional records are separately maintained and no other individuals can have access to them without your specific, written permission.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns you may have now or at any time in the future. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

The HIPAA Privacy Rule grants you each of the following individual rights:

1. ***Right to Inspect and Copy.*** You have the right to view your PHI that is in my possession or to obtain copies of it. You can request these records at any time. Because these are professional records, though, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. I require a completed and signed written Request and Authorization for Release of Health Information Form before releasing any documents to anyone, including the patient. The form must be completed, dated and signed, and I ask that you specify what components of your medical records you wish to obtain. Under certain circumstances, such as if I fear the information may be harmful to you, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. I will also explain your right to have my denial reviewed. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost.
2. ***Right to Get Notice of a Breach.*** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
3. ***Right to Amend.*** If you feel that the PHI we have is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Johnson Behavioral Services, PLLC.
4. ***Right to an Accounting of Disclosures.*** You have the right to request a list of certain disclosures I have made of your PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Johnson Behavioral Services, PLLC.
5. ***Right to Request Restrictions.*** You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations.



6. **Right to Request Confidential Communications.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that I only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Johnson Behavioral Services, PLLC. Your request must specify how or where you wish to be contacted. I will accommodate reasonable requests.

CHANGES TO NOTICE:

I reserve the right to change this notice and make the new notice apply to Health Information I already have, as well as any information I receive in the future. I will email you or provide you with a copy of my current notice. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint (in writing) to me at 1020 Crews Rd, Suite M, Matthews, NC 28105. If you prefer, you may file your written complaint with the Secretary of the Department of Health and Human Services at 2001 Mail Service Center Raleigh, NC 27699-2001. You will not be penalized for filing a complaint.

This HIPAA document is for your records. Please sign below on your behalf and on behalf of the patient, indicating you have read, understand, and have had the opportunity to ask questions regarding our Privacy Notice.

On behalf of yourself:

Print Name (Parent/Legal Guardian) (1) Signature (Parent/Legal Guardian) (1) Date

Print Name (Parent/Legal Guardian) (2) Signature (Parent/Legal Guardian) (2) Date

On behalf of the patient:

Print Name (Parent/Legal Guardian) (1) Signature (Parent/Legal Guardian) (1) Date

Print Name (Parent/Legal Guardian) (2) Signature (Parent/Legal Guardian) (2) Date

Signature (Psychologist/BCBA) Date