



Notice of Privacy Practices

This Notice is effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.

We are required by law to protect the privacy of medical information about you and that identifies you. We are also required to give you this notice about our Privacy Practices, explaining our legal duties and your rights concerning your health information. We must follow the privacy practices described while it is in effect. We reserve the right to make changes to our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the terms of our notice effective for all health information we maintain, including health information that we created, or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon your request.

You may request a copy of our notice at any time.

If you have questions about information in this notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (919) 481-9200.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information that we have and share with others.

Treatment: We may use or disclose your health information to a physician or other healthcare provider, who is providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare Operations include: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner performance, conducting training programs, accreditation, licensing or credentialing activities.

Your authorization: Unless you give us a written authorization, we CANNOT USE OR DISCLOSE YOUR HEALTH INFORMATION for any reason except those described in this notice. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Disclosures to You, to Your Family or to Your Friends: We must disclose your health information to you in accordance with the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your health care, *but only if you authorize us to do so.*

Persons involved in your care: We may use or disclose health information to notify, or assist others in notifying a family member, your personal representative or other person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such disclosures of your health information prior to use or disclosure of that information. In the event you become incapacitated or have a medical emergency, we will disclose your health information based on our professional judgment that such disclosure is directly relevant to that person's involvement in your health care.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or neglect: We may use or disclose your health information to appropriate authorities if we have reason to believe you may be the victim of abuse, neglect, domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions, or law enforcement officials having lawful custody of protected health information or patient under certain circumstances.

Appointment Reminder: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

PATIENT RIGHTS

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement with you (except in emergency).

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically 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 therapist. We may charge you a reasonable cost-based fee for or expenses such as copies and staff time. For details about when this request may be



denied, please speak with your care provider.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you're a reasonable, cost-based fee for responding to the additional requests.

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make this 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.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice by electronic email, you are entitled to receive this notice in written form upon request.

Questions and complaints

If you want more information about our privacy practices, or have questions or concerns, please contact Janet Kazmer, our Privacy Officer at (919) 481-9200.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of health information or to have us communicate with you by alternative means, or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint with the US Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with the US Department of Health and Human Services or us.

HIPPA PRIVACY NOTICE ACKNOWLEDGEMENT

I, _____
(Print name/legal guardian)

acknowledge that I have received a copy of the HIPAA Privacy Notice from my therapist at Preston Counseling Services.

Signature _____ Date _____

Witness _____ Date _____