

HIPAA NOTIFICATION

NOTICE POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

As required by federal legislation, this notice describes how your health care information may be used and disclosed and how you can obtain access to this information. Please review it carefully.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I, Michael Jokich, LCSW, and Cohesive Pathways, P.C., and my administrative staff and/or billing and patient account agents may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

To help clarify these terms, here are some definitions:

- ◆ “PHI” refers to information in your health record that could identify you.
- ◆ “Treatment, Payment and Health Care Operations”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when a clinician consults with another health care provider.
 - *Payment* refers to when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business- related matters such as audits and administrative services, and case management and care coordination.
- ◆ “Use” applies only to activities my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ◆ “Disclosure” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATIONS

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information.

You may revoke all such authorizations for release of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already taken actions in reliance on that authorization; or (2) If the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

I may use or disclose PHI without your consent or authorization in the following circumstances:

- ◆ *Child Abuse*: If I have reasonable cause to believe that a child has suffered abuse or neglect I am required by law to report it to the proper law enforcement agency or County Department of Social and Health Services.
- ◆ *Adult and Domestic Abuse*: If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must report immediately that information to the County Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred, I must report immediately that information to the appropriate law enforcement agency and County Department of Social and Health Services.
- ◆ *Health Oversight*: If a state licensing or health care regulatory body issues a subpoena for your PHI as part of its investigations, hearings or proceedings relating to the discipline, issuance or denial of licensure or certificate I must comply with such subpoena and related legal orders. This could include disclosing your PHI.
- ◆ *Judicial or Administrative Proceedings*: If you are involved in a court proceeding and a request is made for information about the professional services that you have received from me and the records thereof, such information may be privileged under state law, and I will not release information without the written authorization of you or your legal representative, or in instance of issuance of a subpoena requiring provision of such information of which you have been properly notified and in response to which you have not opposed the subpoena within legally specified format and time frame, or in the instance of issuance of a court order compelling me to provide PHI. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- ◆ *Serious Threat to Health or Safety*: I may disclose your confidential mental health information to any person without authorization if I believe reasonably that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual.

- ◆ *Worker's Compensation:* If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all PHI information in my possession that is relevant to that particular injury in the opinion of the North Carolina Industrial Commission, to your employer, your representative, and the Department of Labor and Industries upon request.

IV. PATIENT'S RIGHTS AND LICENSED CLINICAL SOCIAL WORKER RESPONSIBILITIES

PATIENT'S RIGHTS:

- ◆ *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- ◆ *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services from me. Upon your written request, I will send your correspondence and other information bills to another address.)
- ◆ *Right to Inspect and Copy*– You have the right to inspect or obtain a copy (or both) of PHI in my health care and patient account records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- ◆ *Right to Amend*– You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- ◆ *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- ◆ *Right to a Paper Copy*– You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

LICENSED CLINICAL SOCIAL WORKER'S RESPONSIBILITIES:

- ◆ I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- ◆ I reserve the right to change the privacy policies and practices described in this notice. However, unless I notify you of such changes I am required to abide by the terms currently in effect.
- ◆ If I revise my policies and procedures with respect to PHI I will notify you by mail at the most recent mailing address I have on file.

V. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact me at any time. If you believe that your privacy rights have been violated and wish to file a complaint you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This notice went into effect on March 1, 2009. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If such changes are implemented I will provide you with a revised notice by U.S. Mail at your most recent address on file.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ THIS NOTICE AND AGREE TO ITS TERMS.

CLIENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____