

# Carter Counseling Center

## Notice of Privacy Practices

### Your Health Information Rights

You have the following rights regarding your health information:

**Right to inspect and copy:** You may request to look at your medical and billing record. You must submit your medical records request to your therapist at the address listed on your billing statement. If you ask for a copy of your records, it is at the discretion of your therapist. Records can be released to other providers or legal representatives at your request however we may charge a fee for the cost of copying, mailing, or other supplies.

**Right to Request Amendment:** You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationales for the amendment. Please talk to your therapist regarding this manner.

**Right to Request Restrictions:** You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request.

**Changes to this Notice:** We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. You will be informed immediately of any changes pertaining to your records.

**For More Information or to Report a Problem:** If you have any questions or would like additional information, you may contact your therapist. If you believe your privacy rights have been violated, you may file a complaint with your therapist or with the Secretary of Health and Human Services. There will be no retaliation for filing this complaint.

#### **Example of Using Health Information for Treatment, Payment and Health Care Operations:**

**We will use and disclose your health information for treatment purposes:** For example, information obtained by a members of your health care team will be recorded in your record and used to determine the course of treatment. Healthcare team members will communicate with one another personally and through the health record to coordinate care provided.

**We will use and disclose your health information for payment purposes:** For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses and/or procedures.

**We will use and disclose your health information for health care operations:** For example, members of the health care staff or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care we provide. In some cases, we will furnish your health information to other qualified parties for their health care operations. In addition, interns may be assisting with your care under the supervision of a licensed health care provider as part of their professional health care training program.

#### **Other uses and Disclosures of Health Information**

**Notification:** We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

**Communication with Family Members:** We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, you are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

**Business Associates:** There may be some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

**Appointment Reminder:** We may contact you as a reminder that you have an appointment for treatment or to reschedule and appointment.

**Treatment Alternatives:** We may contact you about treatment alternatives or other health-related benefits and services that may be of interest.

**Public Health:** We may disclose health information about you for public health activities These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability.
- To appropriate authorities authorized to receive reports of abuse and neglect.
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products: or
- To notify a person why may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Workers Compensation:** we may disclose health information to the extent authorized and necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Correctional Institutions:** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official, your health information necessary for you health or the health and safety of other individuals.

**Law Enforcement:** We may disclose health information if asked to do so by law enforcement officials as required or permitted by law or in response to a subpoena.

**Health Oversight Activities:** We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Threats to Health or Safety:** Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and the person is reasonably able to prevent or lessen the threat, or as necessary for law enforcement authorities to identify or apprehend and individual involved in a crime.

**Specialized Government Functions:** We may disclose your health information for national security and intelligence activities authorized by law for protective services of the president; or if you are a military member, to the military under limited circumstances.

**As required by Law:** We will use or disclose your health information as required by federal, state or local law,

**Lawsuits and Administrative Proceedings:** We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.