

Newton Psychotherapy and Consulting, PLLC

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HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information according to The Health Insurance Portability and Accountability Act (HIPAA). Please review this Notice carefully and contact your therapist or the contact listed at the end of this Notice if you have any questions.

I. MY PLEDGE REGARDING HEALTH INFORMATION

Trust and confidentiality are cornerstones of an effective psychotherapeutic relationship, and the privacy of your record is protected by North Carolina state law, professional ethics codes, and the policies described in this Notice. In order to provide you with quality care and to comply with certain legal requirements, I create a record of the care and services you receive from me, and I am committed to protecting the health information contained in that record. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, on my website, and according to the policy outlined in Section III.

II. DEFINITIONS

HIPAA regulations divide your record into two categories: protected health information and psychotherapy notes.

A. Protected Health Information (PHI) refers to information created by me, in both electronic and paper form, which can be used to identify you. PHI contains data about your health/condition, the healthcare I provide, and payment for that healthcare.

B. Psychotherapy Notes contain more detailed documentation and analysis of your sessions and are kept separate from your PHI. Psychotherapy notes are not accessible to insurance companies or other third-party reviewers or, in some cases, to the clients themselves. (See Sections IV.D. for more information regarding the use and disclosure of Psychotherapy Notes.)

This document describes how your PHI that is in my possession may be used and disclosed as well as how I will make that information available to you. PHI is **used** when I share, apply, utilize, examine, or analyze information within my practice; PHI is **disclosed** when I release, transfer, give or otherwise reveal it to a third party outside my practice.

III. YOUR RIGHTS

A. Privacy: At Newton Psychotherapy and Consulting, PLLC, I safeguard the privacy and security of your protected health information (PHI) according to the guidelines set forth by HIPAA, related federal statutes, professional ethics codes, and North Carolina state regulations.

B. Minimum Necessary: With some exceptions, I will not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

C. Further Restrictions: You may request restrictions on certain uses and disclosures of PHI; however, federal law does not require that I comply with all requests. If I do not agree to your request, I will put those limits in writing.

D. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operation purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

E. **Access:** Other than Psychotherapy Notes, you generally have the right to inspect or obtain a copy of your PHI that is in my possession as long as that PHI is maintained by me. If I deny you that right, I will give you, in writing, the reasons for that denial and explain your right to have the decision reviewed. I will provide you with a copy of your record or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

F. **Delivery method:** You have the right to ask that your PHI be sent to you at an alternate address or by an alternate method, and I will comply with that request to the extent possible.

G. **Amendment:** You may request, in writing, an amendment of PHI so long as I maintain that PHI in my records; however, I may deny your request. If so, I will provide a denial in writing within 60 days of the request and will explain your right to file a written objection. I will answer your questions concerning the amendment process.

H. **Disclosures:** I will keep track of all instances in which I disclose your PHI without your prior authorization (see Section IV below). You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

I. **Complaints:** You may file a complaint about my privacy practices without retaliation. See Section V below for more information.

J. **Notice:** You will be provided a paper copy of this Notice from me upon request, even if you have received this Notice electronically. If I make significant changes in policies related to this Notice, I will update this Notice and provide a copy to all clients who are active at the time of the relevant changes.

IV. USES AND DISCLOSURES of PROTECTED HEALTH INFORMATION

I may use and disclose your PHI for several reasons. Some of these uses and disclosures require additional prior written authorization, while others do not. Not every use or disclosure in a category will be listed; however, all of the ways I am permitted to use and disclose information will fall within one of the categories.

A. TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Uses and disclosures related to treatment, payment, or healthcare operations do not require your prior written consent. Accordingly, I may use or disclose your PHI to another healthcare professional to provide treatment to you. For example, if a clinician were to consult with another licensed health care provider about your condition, I would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care, disclosures for treatment purposes are not limited to the minimum necessary standard. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Your PHI may be used or disclosed to bill and collect payment for services I provide to you. Additionally, it may be used to facilitate the efficient and correct operations of Newton Psychotherapy and Consulting, PLLC.

B. LAWSUITS and DISPUTES

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other

lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

C. FURTHER DISCLOSURES WHICH DO NOT REQUIRE YOUR AUTHORIZATION

Federal and state law do not require patient consent for the following additional disclosures of PHI:

1. **Child Abuse:** I am expected to report to the local Department of Social Services information that leads me to reasonably suspect child abuse or neglect. I must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
2. **Dependent Adult or Elder Abuse:** I must report to the local Department of Social Services information that leads me to reasonably suspect that a dependent adult or elder is in need of protective services.
3. **Judicial/Administrative Proceedings:** I must comply with an appropriately-issued court order or subpoena requiring that I release your PHI.
4. **Law Enforcement:** I may disclose PHI for certain law enforcement purposes, including reporting crimes occurring on my premises.
5. **Medical Examiners:** I may disclose PHI to coroners or medical examiners when such individuals are performing duties authorized by law.
6. **Research Purposes:** I may disclose PHI for research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
7. **Serious Threat to Health or Safety:** I may disclose your PHI to protect you or others from a serious threat of harm.
8. **Worker's Compensation:** Under certain circumstances, I may disclose your PHI in connection with a worker's compensation claim that you have filed.
9. **Specific Government Functions:** I may disclose the PHI of military personnel or veterans under certain circumstances. Also, I may disclose PHI in the interest of national security.
10. **Health Oversight Activities:** Certain public health activities or investigations may necessitate the disclosure of PHI.
11. **Health-related Benefits or Services:** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
12. **As Required by Law:** There may be other instances where either federal or state law requires that I release your PHI.

D. USES REQUIRING AN AUTHORIZATION

North Carolina state law and professional ethics codes require authorization and consent before most uses and disclosures of PHI; HIPAA regulations do not change this requirement. In signing this Notice, you are providing general consent to care and authorizing the use and disclosure of PHI for the purposes listed in Sections IVA, IVB, and IVC. In many of these instances and in any other situation not described in Sections IVA, IVB, and IVC, I will request your written authorization before using or disclosing any of your PHI.

1. **Psychotherapy Notes:** Any use or disclosure of Psychotherapy Notes requires your authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.

- f. Required by law for certain health oversight activities pertaining to the originator of the Psychotherapy Notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes:** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
 3. **Sale of PHI:** As a psychotherapist, I will not sell your PHI in the regular course of my business.

Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to the extent that I have not already taken action based up on the original authorization.

E. USES AND DISCLOSURES REQUIRING YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. **Disclosures to Family, Friends, or Others:** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

V. QUESTIONS

If you have questions about this notice, disagree with a decision I make about access to your PHI or have any concern that I may have compromised your privacy rights, contact Bernard J. Newton, Jr., LPC at 936 W. 4th St., Suite 200, Winston-Salem, NC 27101 or 336.283.5063. You may also file a written complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201.

VI. EFFECTIVE DATE

This notice is in effect as of May 1, 2015.

BY SIGNING THE ENCLOSED SIGNATURE FORM, I AM AFFIRMING THAT I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR NEWTON PSYCHOTHERAPY AND CONSULTING, PLLC.