

NOTICE OF PRIVACY PRACTICES BALANCED CHOICES, PLLC

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.

What is “Medical Information”?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (Balanced Choices), health plan, or others **and** 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g. mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

We are a mental health care provider. We create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein.

Uses and Disclosures of medical Information

Federal privacy rules allow health care providers (Balanced Choices) who have a direct treatment relationship with the patient (you) to use or disclose the patient’s personal health information, without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. The following explains how your personal health information may be used.

For treatment purposes: your personal health information may be used or disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Although we do not use your name, disclosing information about your case is still considered identifiable health information. Your personal health information will only be disclosed to any other consult with your authorization.

For payment purposes: your personal health information may be used or disclosed to receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage of insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For health care operations purposes: Your personal health information may be used or disclosed in order to support our business activities including, but not limited to, licensing and conducting or arranging for other business activities. For example, your personal health information may be shared with third parties that perform various business activities (e.g. billing), provided that we have a written contract with the business that requires it to safeguard the privacy of your personal health information.

With your verbal permission: Your personal health information may be used or disclosed to family members that are directly involved in your treatment with your verbal permission.

Other uses and disclosures without your authorization: We may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- 1) Required by Law, such as the mandatory reporting of child or elder abuse or neglect or mandatory government agency audits or investigations (such as the health department).
- 2) Required by Court Order.
- 3) To medical personnel in a medical emergency.
- 4) Necessary to prevent or lessen a serious and imminent threat to the health or safety of yourself, a person, or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. This would include issues of public health and communicable diseases.

PLEASE NOTE: The above list is not an exhaustive list, but informs you of circumstances when the disclosures without your written authorization may be made. Other uses and disclosures will be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time, provided that the revocation is in writing and except to the extent that we have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. **If North Carolina law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if North Carolina law gives you greater rights than the federal rule does with respect to access to your records, we will abide by North Carolina law.** In general, uses or disclosures by us of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure.

Federal and State laws prohibit us from re-disclosing information regarding alcohol and drug abuse treatment without your permission. Federal rules restrict use of information regarding this treatment to criminal investigate or prosecute a patient.

Your Rights Regarding protected health Information

- 1) You have the right to request restrictions on certain uses and disclosures of protected health information about you, such as those necessary to carry out treatment, payment, or health care operations. We are not required to agree to your request restriction. If we do agree, we will maintain a written record of the agreed upon restriction.
- 2) You have the right to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute – in other words, we are permitted to deny access for specified reasons. For instance, you do not have the right of access with respect to our “psychotherapy notes.” The term “psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling sessions and that are separated from the rest of the individual’s medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- 4) You have the right to amend protected health information in our records by making a request to do so in a writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, we are permitted to deny the requested amendment for specified reasons. You also have the right, subject to limitations, to provide us with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.

- 5) You have the right to receive an accounting from us of the disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. In other words, we are permitted to deny the request for specified reasons. For instance, we do not have to account for disclosures made in order to carry out my own treatment, payment, or health care operation. We also do not have to account for disclosures of protected health information that are made with your written authorization, since you have a right to receive a copy of any such authorization you might sign.
- 6) You have the right to obtain a paper copy of this notice from us upon request.

PLEASE NOTE: In order to avoid confusion or misunderstanding, we ask that if you wish to exercise any of the rights enumerated above, that you put your request in writing and deliver or send the writing to us. If you wish to learn more detailed information about any of the above rights, or their limitations, please let us know. We are willing to discuss any of these matters with you.

Our Duties

We are required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to let you know of our legal duties, your rights, and our privacy practices with respect to such information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice and/or our privacy practices and to make the changes effective for all protected health information that we maintain, even if it was created or received prior to the effective date of the notice revision. If we make a revision to this notice, we will make the notice available at our office upon request on or after the effective date of the revision and we will post the revised notice in a clear and prominent location.

The Privacy Officer of this practice has a duty to develop, implement, and adopt clear privacy policies and procedure for the practice and has done so. The Privacy Officer is the individual who is responsible for assuring that all employees follow these privacy policies and procedures. The Privacy Officer has trained or will train any employees so that they understand the privacy policies and procedures. In general, patient records, and information about patients, are treated as confidential and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may be otherwise permitted by law. Patient records are kept secured so that they are not readily available to those who do not need them.

Shannon Hartman Wilson is the Privacy Officer of this practice. You may complain to her and to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated by us. You may file a complaint with the Privacy Officer by simply providing a writing that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful. Our mailing address is P.O. Box 1963, Davidson, NC 28036. The practice will not retaliate against you in any way for filing a complaint with us or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202-619-0257.

This notice first became effective on November 3, 2008.