

EFFECTIVE DATE: May 1, 2010

## **CHRISTIAN COUNSELORS OF MOORESVILLE POLICIES & PRACTICES TO PROTECT CLIENT HEALTH INFORMATION.**

*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.*

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Every time you visit a healthcare facility, a record is made of your visit. This record contains your symptoms, examination and test results, diagnoses, treatment, and a treatment plan for the future. This information is referred to as your health or medical record, serving as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### **YOUR HEALTH INFORMATION RIGHTS**

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

**Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.

**Request restrictions on our uses and disclosures of your protected health information** for treatment, payment, and health care operations. However, we reserve the right not to agree to the requested restriction.

**Request to receive communications of protected health information in confidence.**

**Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. A reasonable copying charge may apply. Under federal law, however, you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have a decision to deny access reviewed.

**Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:

- was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
- is not part of your medical or billing records;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

**Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:

- to carry out treatment, payment and health care operations as provided above;
- to persons involved in your care or for other notification purposes as provided by law;
- to correctional institutions or law enforcement officials as provided by law;
- for national security or intelligence purposes;
- that occurred prior to the date of compliance with privacy standards (May 1, 2010);
- incidental to other permissible uses or disclosures;
- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
- made to patient or their personal representatives;
- for which a written authorization form from the patient has been received

**Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

### **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**

This organization may use and/or disclose your medical information without your permission for the following purposes (excluding cases involving alcohol and/or drug abuse):

**Treatment:** We may use and disclose protected health information to any member of our staff in order to coordinate treatment.

**Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, management and administrative activities.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Treatment Alternatives, Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about or recommend possible treatment alternatives, health-related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## **SPECIAL PROVISIONS FOR ALCOHOL AND DRUG ABUSE**

If you are also being treated for alcohol or drug abuse, Christian Counselors of Mooreville will not tell any unauthorized person outside of Christian Counselors of Mooreville that you are being treated for alcohol or drug abuse, without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law. Christian Counselors of Mooreville may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 43 CFR Part 2 Subpart E
- To medical personnel in a medical emergency
- To qualified personnel for research, audit or program evaluation
- To report suspected child abuse or neglect

As allowed by law, to investigate a report that you have been abused or have been denied your rights

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

## **OUR RESPONSIBILITIES**

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. Your health information will not be used or disclosed without your written authorization, except as described in this notice. Except as noted above, you may revoke your authorization in writing at any time.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Laura Ketchie, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint within 180 days of the suspected violation with the Privacy Officer at Christian Counselors of Mooreville or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints. The contact information for both are included below:

**Christian Counselors of Mooreville**  
Laura Ketchie, Privacy Officer  
222 Southside Ave., Mooreville, NC 28115  
Tel: 704-658-0238

**U.S. Department of Health and Human Services**  
Office of the Secretary  
200 Independence Ave., SW, Washington, DC 20201  
Tel: 202-619-0257 Toll Free: 1-877-696-6775

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Name: \_\_\_\_\_

I hereby acknowledge that I have received a copy the **Notice of Privacy Practices** for Christian Counselors of Mooreville. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

<p><b>Relationship to Patient</b></p> <p><input type="checkbox"/> Parent or guardian of unemancipated minor</p> <p><input type="checkbox"/> Court Appointed Guardian</p> <p><input type="checkbox"/> Executor or administrator of decedent's estate</p> <p><input type="checkbox"/> Power of Attorney</p>
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I give permission to Christian Counselors of Mooreville to contact me at the following phone numbers:

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I give permission to Christian Counselors of Mooreville to leave messages at the following phone numbers:

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*\*Note that your email address provided will be subscribed to the mailing list, but you may unsubscribe at anytime.*

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FOR OFFICE USE ONLY

<p>We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date _____, but acknowledgement could not be obtained because:</p> <p><input type="checkbox"/> Patient/representative refused to sign</p> <p><input type="checkbox"/> Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)</p> <p><input type="checkbox"/> Other (Specify) _____</p>
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