



**3812 ROCKING ROBYN RUN
KNIGHTDALE, NC 27545**

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
EFFECTIVE SEPTEMBER 23, 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call "protected health information", or "PHI" for short. Our practice is dedicated to maintaining the privacy of your protected health information. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI.

We realize that these laws are complicated, but we must provide you with the following important information.

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

This notice describes the practices of our providers at Two Paths Crossing, LLC

- Any health care professional authorized to enter information into your medical record maintained by Two Paths Crossing, LLC
- Any persons or companies with whom Two Paths Crossing, LLC contracts for services to help operate practice and who have access to your medical information.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment or health care operations purposes and other purposes described in this notice.
- This notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in the Notice.
-

We are required to follow the procedures in this Notice. The terms of this Notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice Privacy Practices. Any revision or amendment to the Notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always post a copy of our current Notice in our offices in a visible location, and you may request a copy of our most current Notice at any time.



B. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

1. **Treatment:** Our practice may use and disclose PHI about you to provide health care treatment to you. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at Two Paths Crossing, LLC. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use or disclose PHI to obtain other information about you pertinent to your treatment or referral to a physician, specialist, or other health care provider. Additionally, we may disclose your PHI to others who may assist in your care, such as parents, grandparents, or other **authorized** caregivers.
2. **Payment:** Our practice may use and disclose your PHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to verify that you are eligible for benefits and your cover benefits, and we may provide your insurer details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also, we may use your PHI to bill you directly for services. We may also disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** We may use and/or disclose your PHI to support the business activities of our practice. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and provider. We may also call you by name in the waiting room when your provider is ready to see you. We also may disclose information about you to another health care provider for its health care operation purposes.
4. **PHI, Results, Appointment Reminders:** Our practice may use/disclose your PHI concerning appointments, results of tests, referrals and/or release of other PHI. We may use any of the following methods to reach you with appointment reminder and/or other information requests – leave a message on your answering machine, voicemail, letter, email and/or patient portal.
5. **Release of Information to Family/Friends:** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside of Two Paths Crossing, LLC except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working with Two Paths Crossing, LLC.
6. **Disclosures Required by Law:** Our practice will use and disclose your PHI when we are required by federal, state or local law.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

Our practice may use and/or disclose PHI about you for several circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object.

1. **Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding a potential risk for spreading or contracting a disease/condition
 - Reporting reactions to drugs or problems with products/devices
 - Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law.



2. Health Oversight Activities: Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, warrant, subpoena, or summons.
4. Law Enforcement: Our practice may release PHI if asked to do so by a law's enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death, we believe has resulted from criminal conduct
 - Regarding criminal conduct at our office
 - In response to warrant, summons, court order, subpoena, or similar legal process
 - To identify/locate a suspect, material witness, fugitive, or missing person
 - In an emergency to report a crime (including the locations and victims)
 - To comply with laws that require reporting of certain wounds or other physical injuries
5. Serious Threats to Health or Safety: Our practice may use or disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety of the health and safety of another individual or the public.
6. Military/National Security: Our practice may use or disclose your PHI if it relates to military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
7. Workers' Compensation: We may disclose your health information as necessary to comply with workers' compensation laws. For example: to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
8. Breach Notification: In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. We may also provide notification by other methods as appropriate.
9. Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal processing, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

D. When We May Not Use or Disclose Your Health Information

Except as described in the Notice of Privacy Practices, we will, be consistent with our legal obligations, not to use or disclose PHI which identifies you without your written authorization. If you do authorize us to disclose your PHI for another purpose, you may revoke your authorization in writing at any time.



E. Your Health Information Rights

1. **Right to Request Special Privacy Protection:** You have the right to request restrictions on certain uses and disclosures of your PHI by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out of pocket, we will abide by your request, unless we must disclose the PHI for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send information to an e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy:** You have the right to inspect and copy your PHI, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to an Accounting of Disclosures:** 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 3) of this Notice. On your request, we will discuss with you the details of the accounting process.
5. **Right to a Paper or Electronic Copy of this Notice:** You have the right to notice of our legal duties and privacy practices with respect to your PHI, including a right to a paper copy of the Notice of Privacy Practice, even if you have previously requested its receipt by e-mail.

F. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice at the reception desk, and a copy will be available at each appointment.

G. Complaints

Complaints about the Notice of Privacy Practices or how we handle PHI should be directed to our Privacy Officer at (919) 266-4358. If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to the Secretary of Health and Human Services. You may contact the SHH at 200 Independence Avenue, S.W. Washington DC 20201 or by calling (202) 619-0257.



I hereby acknowledge that I have been given an opportunity to read a copy and receive a copy of this Notice of Privacy Practice by my provider at Two Paths Crossing, LLC.

Client Name _____ **DOB** _____

Signature of Client _____ **Date** _____

Signature of Parent/Guardian
Or Personal Representative _____ **Date** _____

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

___ **Client/Parent/Guardian or Personal Representative Refuses to Acknowledge Receipt:**

Signature of Provider _____ **Date** _____