



Notice of Privacy Practices and Client Rights 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.

Carolina Wellness and Counseling, PLLC (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

In the State of North Carolina, basic human rights are defined to be the right to dignity, privacy, and humane care. **You have the right to:** receive treatment; privacy and the expectation that your personal information will be held confidential; be informed in advance of potential risks and benefits of treatment, and to consent or refuse the services offered; participate in the development of your treatment plan; be free from unwarranted invasion of your privacy; be free from mental and physical abuse, neglect and exploitation; be free from the threat or fear of unwarranted suspension or expulsion from services; fill out an Advanced Directive, which describes how you want to be cared for if you are ever unable to decide to speak for yourself, and file a complaint or grievance if you have concerns we cannot resolve together. You may request a copy of the Client's Rights Information and Advanced Instruction-NC General Statutes-Chapter 122C. Article 3. A copy is located in the waiting room in a blue folder.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will be a detriment to the client, if it may endanger your life, or it may endanger another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

Carolina Wellness and Counseling, PLLC may disclose medical information about you to a person that is part of your care, with a signed and dated Authorization to Disclose/Release Information. If the client is a minor, information may be disclosed to a parent, guardian or other person responsible for the minor.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Practice will not retaliate against you for filing a complaint.

To file a complaint or exercise your rights, contact the practice using the information below:

Carolina Wellness and Counseling, PLLC, Angela H Small, Practice Owner
2405 Nash Street, NW, Suite D, Wilson, NC 27896
252.319.5454 x 1

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI:

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you with your signed Authorization to Release Information.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

All communication becomes part of your clinical medical record. Your psychotherapist will not disclose your personal information without your permission unless required by law, including a judge or court. If your psychotherapist must disclose your personal information without your permission, they will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions. The Practice may use or disclose PHI without your authorization or an opportunity for you

to object, including:

To help with public health and safety issues.

- Public health: To prevent the spread of disease.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Your psychotherapist may speak to emergency personnel.
- If you report that another healthcare provider is engaging in inappropriate behavior, your psychotherapist may be required to report this information to the appropriate licensing board. Your psychotherapist will discuss making this report with you first, and will only share the minimum information needed while making a report. If your psychotherapist must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your psychotherapist may not keep your personal information confidential.
- If your psychotherapist believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your psychotherapist can explain more if you have questions.
- If your psychotherapist has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your psychotherapist believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your psychotherapist will work with you to discuss other options to keep you safe.

To comply with law, law enforcement, or other government requests.

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions or National security and intelligence activities: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests.

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made with Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing, Sale of PHI, or. Psychotherapy notes.

5. Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

(A) If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

- Medical Emergencies: to the extent necessary to treat you,
- Reporting Crimes on Program Premises,
- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities.

You may revoke this consent at any time.

(B) Prohibitions on Use and Disclosure of Part 2 Records:

SUD (Substance Use Disorder) records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website: <https://carolina-wellness.com/>.
- The Practice will inform you if PHI is compromised in a breach.

For more information on Notice of Privacy Practices, please go to: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html .

**By signing below, I acknowledge receipt and understanding of the
Notice of Privacy Practices required by HIPAA (Health Insurance Portability and Accountability Act)
and Carolina Wellness and Counseling, PLLC.**

**I am also aware of my Client Rights with Carolina Wellness and Counseling, PLLC. A copy of the Client Rights and this Notice
of Privacy Practices are kept in the waiting room.**

Client (or Parent/Guardian) Signature

Date