

THIS NOTICE DESCRIBES HOW LOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Herbal Health and Healing Arts (HHHA) may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - Treatment is when HHHHA provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when HHHHA consults with another health care provider, such as your family physician or another psychologist.
 - Payment is when HHHHA obtains reimbursement for your healthcare. Examples of payment are when HHHHA discloses your PHI to your health insurer to obtain reimbursement for care or to determine eligibility or coverage.
 - Health Care operations are activities that relate to the performance and operations of HHHHA. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within HHHHA, such as sharing employing, applying, utilizing,

examining and analyzing information that identifies you.

- “Disclosure” applies to activities outside HHHHA, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses a Disclosure Requiring Authorization

HHHA may use or disclose PHI for purposes of outside treatment, payment and health care operation when your appropriate authorization is obtained. An “authorization” is written permission about and beyond the general consent that permits only specific disclosures. In those instances when HHHHA is asked for information for purposes outside of treatment, payment and healthcare operations, HHHHA will obtain an authorization from you before releasing this information. HHHHA will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about you conversations during a private, group, joint or family counseling session. By law, these notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent (1) that HHHHA has relied on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Use and Disclosures with Neither Consent nor Authorization

HHHA may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If you give HHHHA information which leads your therapist to suspect child abuse, neglect or death due to maltreatment, HHHHA must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records

relevant to a child protective services investigation, HHHHA must do so.

- Adult and Domestic Abuse: If information you give gives your therapist reasonable cause to believe that a disabled adult is in need of protective services, HHHHA must report this to the Director of Social Services
- Health Oversight: Your therapist’s NC professional review board had the power, when necessary; to subpoena records should he be the focus of an inquiry.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about professional services, HHHHA has provided to you and/or the records thereof, such information is privileged under state law, and may not be released without your written authorization or not be released without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. U will be informed in advance if this is the case.
- Serious Threat to Health or Safety: HHHHA may disclose your information to protect you or others from a serious threat of harm by you.
- Worker’s Compensation: If you file a worker’s compensation claim, HHHHA is required by law to provide your mental health information relevant to the claim to your employer and the NC Industrial Commission.

IV. Patient's Rights and Practitioner's Duties

Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI about you. However, HHHHA is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in HHHHA mental and billing records used to make decisions about you for as long as the PHI is maintained in the record. HHHHA may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, HHHHA will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request and amendment of PHI for as long as the PHI is maintained in the record. HHHHA may deny your request. On your request HHHHA will discuss with you the details of the amendment process.
- **Right to Accounting:** You generally have the right to receive and accounting of disclosures of PHI for which you neither provided consent nor authorization (as described in Section III of this Notice). On your request HHHHA will discuss with you the details of the accounting process.
- **Right to Paper Copy:** You have the right to obtain a paper copy of the notice form from me upon request, even if you have agreed to receive the notice electronically.

Practitioner's Duties:

- HHHHA is required by law to maintain privacy of PHI and to provide you with a notice of our legal duties and practices with respect to PHI.
- HHHHA reserves the right to change the privacy policies and practices described in this notice Unless HHHHA notifies you of such changes, the center is required to abide by the terms currently in effect.
- If HHHHA revises its policies and procedures, notice will be posted in the lobby.

V. Complaints

If you are concerned that HHHHA has violated your privacy rights, or if you disagree with a decision HHHHA has made about access to your records, you may contact, Julie Taylor, Privacy Officer at 910-231-7800.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective January 1, 2017.

HHHA reserves the right to change the terms of this notice and to make the new notice provision effective for all PHI that HHHHA maintains. HHHHA will post notice of any revisions to this notice in the lobby and will provide you with a copy upon request.

Herbal Health and Healing Arts

Notice of Policies and Practices to Protect the Privacy of your Health Information

Effective January 1, 2017