

New Hope Psychiatric Services of the Carolinas, PLLC

Office: 704-810-7418

Fax: 704-810-6560

Email: newhopepsy@live.com

Patient Notice of Privacy Practices

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health information is protected for privacy. The Privacy Rule was also created in order to provide a standard for health care providers to obtain their patients' consent for uses and disclosures of protected health information (PHI) about the patient to carry out treatment, payment, or healthcare operations.

We want you to know that we respect the privacy of your personal medical records and will do all we can to secure your PHI while taking reasonable precautions to protect your PHI. When appropriate, we provide the minimum necessary information to only those we feel in need of your health care information. This includes information about treatment, payment, and/or health care operations in order to provide health care that is in your best interest. The Practice from time to time may contact you for appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. The following appointment reminders may be used by the Practice: telephone, email, text, and either speaking with you or leaving a message.

New Hope Psychiatric Services of the Carolinas, PLLC also wants you to know that we support appropriate access to medical records. **With your consent, we may disclose PHI for purposes of treatment, payment, or health care operations such as communication with health care professionals, third party payers, and law and insurance requirements.** However, **NO CONSENT REQUIRED** for New Hope Psychiatric Services of the Carolinas, PLLC to use and/or disclose your PHI in the following instances: **emergency situations in the purpose of rendering treatment, or to a public or private authorized agent for the purpose of coordinating your care; to disclose the fact of a client's admission or discharge to the client's next of kin using professional judgment that the disclosure is in the best interest of the client; to avert a threat to health or safety; for purposes of filing a petition for involuntary commitment of a client; de-identified information; to a business associate of the Practice (i.e. referring provider, laboratory, psychologist, hospital); to a client's personal representative or legally responsible person; in evidence of a communication barrier; public health activities; in any case of abuse, neglect or domestic violence, in health oversight activities; judicial and administrative activities; Law or Government agency purposes; Coroner or medical examiner; Organ, eye or tissue donation; Criminal activity; specialized government functions (i.e. military or veteran); Division of Adult Corrections of the Department of Public Safety; workers compensation; Research and Planning if Practice involved in research activities subject to governmental requirements.**

Other Permitted/Required Uses or Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your PHI in the following instances: you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclosed protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Client Rights and Responsibilities

You have the right to revoke any authorization and/or consent to the use or disclosure of your PHI at any time, but this must be in writing. You may also request restrictions on certain use and/or disclosure as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request. In your written request, you must inform the Practice of what information you want to

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limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment. You have the right to receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice. The Practice will accommodate all reasonable requests. You may inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice. You have the right to amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement. You have the right to receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred. You also have the right to receive a paper copy of this Privacy Notice from the Practice upon request to the Practice however it is posted on our website. The Practice reserves the right to make changes to this notice and may make those changes via website notification, interoffice display, or mail.

You may file a complaint with our privacy officer, Tonja S. Norman, PMHNP-BC, FNP-C, at 704-810-7418 or to the Secretary of Health and Human Services at 919-856-2195, if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, for further information about the complaint process.

Dignity and Respect

You have the right to be treated with consideration, dignity, and respect, and the responsibility to respect the rights, property, and environment of all health care providers, employees, and other patients. You have the right to have the privacy and confidentiality of your health records maintained. You are also entitled to these rights regardless of gender, age, sexual orientation, marital status, or culture, or economic, education, or religious background.

Knowledge and Information

You have the right to receive information about your practitioner's services and any treatment recommendations. You have the right—and the responsibility—to know about and understand your health care and your coverage, including the following: participating with your practitioner in decision-making regarding your treatment planning; your clinical condition; any services and procedures involved in your recommended course of treatment; and how your health plan operates as stated in your policy.

Eligible Employee Accountability/Autonomy

As a partner in your own health care, you have the right to refuse treatment, providing you accept responsibility for the consequences of such a decision. You have a responsibility to participate, to the degree possible, in understanding your behavioral health problems and in developing mutually agreed upon treatment goals. You also have the responsibility to identify yourself and insurance coverage or changes in coverage when receiving behavioral health services. You have the responsibility to provide your current provider with previous treatment records, if requested, as well as to provide accurate and complete medical information to any other health care professionals involved in the course of your treatment. You have the responsibility to be on time for your appointments and to notify your provider as far in advance as possible if you need to cancel or reschedule an appointment. You have the responsibility to notify your behavioral health plan within 48 hours—or as soon as possible—if you are hospitalized or receive emergency care. And, you have the responsibility to pay all required co-payments and deductibles as the time you receive behavioral health care services.