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NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**This Notice is provided on behalf of North Carolina Psychological Consultants, PLLC (“Practice”). The Practice provides psychological services to the community.**

**PURPOSE OF NOTICE:** This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (“PHI”) to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. This Notice will also describe your rights and certain obligations we have prior to using or disclosing your PHI. “Protected Health Information” or “PHI” is information about you or your minor child, including demographic data such as name, address, phone numbers, etc., that may identify you or your minor child and that relates to your or your minor child’s past, present or future physical or mental health and related healthcare services. We understand that PHI about you is personal and confidential, and we are committed to protecting its confidentiality. We create a record of the care and services you receive at the Practice to enable us to provide such services and to comply with legal requirements. We are required by law to provide this Notice and to maintain the privacy of PHI. We must abide by the most current version of this Notice, and we reserve the right to change the privacy practices described in it, with such changes to be effective for all PHI that we maintain. This Notice, including any updates, may be viewed on our web site at <http://Practice.unc.edu>. You may receive a current copy of this Notice either at our Practice locations or by downloading it from our website.

**THIS NOTICE DESCRIBES THE PRACTICES OF:** The Practice’s healthcare professionals, employees, students-in-training and others who work or provide healthcare services at our facility.

**Your Privacy Rights.** You have the following rights relating to your Protected Health Information and may:

- Request a paper copy of this Notice.
- Inspect and/or obtain a copy of PHI in records used to make decisions about you. You have a right to a copy of such records in their original electronic version, or if this is not possible, in another electronic form that is mutually agreeable to you and us. We may charge you related fees. Under certain circumstances, we may deny this request. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional from the Practice who was not involved in the original denial decision.
- Request that an amendment be added to your record. We will ask you to put these requests in writing and provide a reason that supports your request. We are allowed to deny these requests in certain circumstances.
- Request in writing a restriction on certain uses and disclosures of your PHI. We are not required to abide by the requested restrictions in most circumstances, however, we must agree to your request to restrict disclosure of PHI about you to your health plan for payment purposes when the PHI pertains solely to a health care item or service for which you, or someone on your behalf, have paid in full out of pocket.
- Obtain a record (“accounting”) of certain disclosures of PHI about you.
- Make a reasonable request to have confidential communications of PHI about you sent to you by alternative means or at alternative locations.
- Revoke your authorization for use or disclosure of PHI about you, except that such revocation will not affect uses or disclosures permitted or required by law without authorization or any use or disclosure that already has occurred prior to the revocation. A revocation of authorization must be in writing and signed by you.
- Receive notice of any breach of your unsecured PHI.



You may exercise any of the above rights by contacting the Practice owner, managers or associates.

**Our Responsibilities.** We are required by law to protect the privacy of your PHI; abide by the terms of this Notice; make this Notice available to you; and notify you if we are unable to agree to a requested restriction or an alternative means of communicating. We will obtain your general consent for some uses and disclosures of PHI about you, for other uses and disclosures of PHI about you we will obtain your authorization, and, in some circumstances, we may use and/or disclose PHI about you without your authorization.

**Uses & Disclosures.** Unless otherwise stated below, the use or disclosure described is permitted by law to be made without your authorization.

**Treatment:** We need to use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we need to use and disclose PHI about you, both inside and outside our Practice, to coordinate services you may need and when referring you to another health care provider.

**Payment:** Generally, we need to use and disclose PHI about you to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may need to share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services.

**Regular Healthcare Operations:** We may use PHI about you to review the care you received, how you responded to it, and for other business purposes related to operating our Practice. "Healthcare operations" also may include activities such as training or evaluating staff or trainees within our organization.

**Business Associates:** There are some services we provide through outside individuals or companies that we call "Business Associates", including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. In order to protect PHI about you, "Business Associates" are required by law to provide appropriate safeguards and procedures for privacy and security of the PHI entrusted to them under their contract with us.

**Communication with Involved Individuals:** We may share PHI with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so (these individuals are referred to as "collaterals").

**Workers Compensation and Your Employer:** In certain circumstances, we may disclose PHI about you to your employer and your employer's workers' compensation carrier regarding a work-related injury or illness.

**Law Enforcement:** We may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.

**As Required by Law:** We must disclose PHI about you when required by federal, state or local law.

**Health Oversight:** We may disclose PHI about you to a state or federal health oversight agency, for activities it is authorized by law to carry out, such as investigations and inspections.

**Abuse, Neglect or Domestic Violence:** We must disclose PHI about you to government authorities that are authorized by law to receive reports of suspected abuse, neglect or domestic violence.



**Legal Proceedings:** We may disclose PHI about you in the course of any judicial or administrative proceeding and in response to a court order, subpoena, discovery request or other lawful process.

**Required Uses and Disclosures:** We must make disclosures of PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations.

**To Avoid Harm:** We may use and/or disclose PHI about you when necessary to prevent or lessen a serious threat to your health or safety, or to the health or safety of the public or another person.

**For Specific Government Functions:** In certain situations, we may disclose PHI of military personnel and veterans for national security activities or other purposes, as required by law.

**Marketing:** We will not, without your advance authorization, use and/or disclose PHI about you to engage in a marketing activity for which we receive financial compensation, nor will we sell your PHI.

**OTHER USES OF PROTECTED HEALTH INFORMATION**

Under any circumstances other than those listed above, we will obtain your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to use or disclose PHI about you in a specific situation, you can later revoke your authorization by contacting the Practice’s manager. You must revoke your authorization in writing. The revocation will not apply to PHI about you that has already been used or disclosed in reliance on your authorization. Upon receiving your written revocation, we will not use or disclose PHI about you, except for disclosures already in process. If you think we have violated your privacy rights, you want to complain to us about our privacy practices, or you have any questions regarding the privacy of PHI about you, you can contact Dr. Andres Hernandez. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information can be found at the website for the Office of Civil Rights at <http://www.hhs.gov/ocr>. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

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

I acknowledge receipt and review of the Notice of Privacy Practices of North Carolina Psychological Consultants, PLLC:

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Signature

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Date