

**The Pisgah Institute for Psychotherapy and Education, P.A.**

**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) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT OF 2009 (HITECH). UPDATED AUGUST 1, 2017.**

**PLEASE REVIEW THIS INFORMATION CAREFULLY.**

**A. WE ARE COMMITTED TO YOUR PRIVACY:**

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and other services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

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 about your PHI
- Our obligations concerning the use and disclosure of your PHI

**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 of Privacy Practices. Any revisions or amendment to this notice will be effective for all of 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 post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of this notice at any time.**

**B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Bill Barley, Ph.D.  
158 Zillicoa Street  
Asheville, NC 28801  
828/254-9494**

**C. WE MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:**

**1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice—including but not limited to our clinicians—may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may disclose your PHI to other health-care providers for purposes related to your treatment. You must authorize use and disclosure of our clinicians' private "psychotherapy notes" in most cases, except when such use or disclosure is required by law.

**2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and for what range of benefits, and we may provide your insurer with 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, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health-care providers and entities to assist in their billing and collection efforts.

**3. Health-Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business-planning activities for our practice. We may disclose your PHI to other health-care providers and entities to assist in their health-care operations. Uses and disclosures of your PHI for marketing purposes require your authorization. Sale of your PHI requires your authorization, except when required by law or for remuneration for treatment.

**4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**5. Email Correspondence.** Our practice cannot guarantee security of any information we send to or receive from you via email, and we do not use it for that purpose.

**6. Release of Information to Family or Friends.** Our practice may release your PHI to a friend or family member who is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to our office for a treatment session. In this example, the babysitter may have access to this child's PHI.

**7. Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

**8. Other Uses and Disclosures.** Other uses and disclosures not described in this Notice of Privacy Practices require your authorization.

**D. YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR SPECIFIC AUTHORIZATION IN CERTAIN SPECIAL CIRCUMSTANCES:**

**1. Public-Health Records.** 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 potential exposure to a communicable disease or condition
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

**2. Health-Oversight Activities.** Our practice may disclose your PHI to a health-oversight agency for activities authorized by law. Oversight activities can include, for example, 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, if you are involved in a lawsuit or similar proceedings. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release PHI if asked to do so by law-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 offices
- In response to a warrant, summons, court order, subpoena, or similar legal processes
- In an emergency, to report a crime (including the location or victim(s))

**5. Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes *except when* an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health-research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which use or disclosure would otherwise be permitted. (ii) The research could not practicably be conducted without the waiver. And (iii) the research could not practicably be conducted without access to and use of the PHI.

**6. 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 or safety or to another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**7. Military.** Our practice may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**8. National Security.** Our practice may disclose your PHI to federal official(s) for intelligence and national-security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President or other officials or foreign heads of state, or to conduct investigations.

**9. Inmates.** Our practice may disclose your PHI to correctional institutions or law-enforcement officials if you are an inmate or under the custody of a law-enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) for the protection of your health and safety or the health and safety of other individuals.

**10. Worker's Compensation.** Our practice may release your PHI for Worker's Compensation and similar programs.

## **E. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

**1. Confidential Communications.** You have the right to request that our practice communicate with you about your health-related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to **Bill Barley, Ph.D. or his designee** specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment, or health-care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends, or that we do not disclose your PHI to them. We are not required to agree to your request; however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may refuse us permission to share your PHI solely for the purpose of payment for a service or item for which you have already paid in full out of pocket. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Bill Barley, Ph.D or his designee**. If you are contacted by or on behalf of our practice for fundraising purposes, you have a right to opt out of such communications on the occasion of any such solicitation.

Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including our clinicians' private "psychotherapy notes." You must submit your request in writing to **Bill Barley, Ph.D. or his designee** in order to inspect and/or obtain a copy of your PHI. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health-care professional chosen by us will conduct such reviews.

**4. Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing to

**Bill Barley, Ph.D. or his designee.** You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (i) accurate and complete; (ii) not part of the PHI kept by or for the practice; (iii) not part of the PHI which you would be permitted to inspect and copy; or (iv) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Amending PHI means adding to it, not replacing it. Our practice may charge you for copying your PHI for you.

**5. Accounting of Disclosures.** All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-health-care-operations purposes. Such would include unauthorized disclosures that do not rise to the level of a breach or disclosures that are in response to a subpoena supported by an affidavit of satisfactory assurances if the subpoena is deemed deficient by itself. Use of your PHI as a part of the routine patient care in our practice is not required to be documented (for example, a doctor sharing information with another clinician, or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to **Bill Barley, Ph.D. or his designee.** All requests for an accounting of disclosures must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. You will be notified by our practice of any breach of your PHI, in accordance with HIPAA and HITECH definitions and rules.

**6. Right to a Paper Copy Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, ask a staff member at the check-in or check-out window.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our practice, contact **Bill Barley, Ph.D. or his designee.** All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked by you at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI

for the reasons described in the authorization. Please note that we are required to retain records for your care.

Again, if you have any questions regarding this notice or our privacy policies, please contact **Bill Barley, Ph.D.**