

## I Have a Legal Duty to Protect Health Information about You

Protected Health Information (PHI) includes any individually identifiable information that I obtain from you or from others that relates to your past, present, or future physical or mental health, the treatment you have received, or payment for that treatment. I am required by law to protect the privacy of PHI; I am also required to give you notice of my legal duties and privacy practices concerning PHI. Specifically,

- I must notify you about how I protect PHI about you
- I must explain how, when and why I use and/or disclose PHI about you.
- I may only use and/or disclose PHI as I have described in this notice

This notice describes the types of uses and disclosures that I may make. Other uses and disclosures may occur as a byproduct of the permitted uses and disclosures. I am required to follow the procedures in this notice, although I may revise the notice from time to time.

You have the right to a copy of this notice. I will provide a copy of this notice no later than the date you first receive service from me (except for emergency services, and then I will provide the notice to you as soon as possible). If you want a copy at a later date, please contact me. A copy of my most current privacy notice will always be posted in my office.

**Individuals seeking treatment for substance use:** If you request treatment and rehabilitation for alcohol or other drug use, your request will be treated as confidential. I will not disclose your name to any police officer or other law enforcement officer unless you consent. Even if I refer you to another person for treatment and rehabilitation, I will continue to keep your name confidential.

**Minors:** Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are a minor and your consent to one of these services, you have all the authority and rights included in this notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

**Complaints:** You may file a complaint about our privacy practices. If you think I have violated your privacy rights, or you disagree with a decision I made about access to your records, please contact me directly to discuss your concerns. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

## NOTICE OF PRIVACY PRACTICES OF



Carole Bombardier, MSW, LCSW, CHt



This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of this Notice of Privacy Practices  
February 1, 2004

## Release of PHI without Your Authorization

There are several circumstances under which I may disclose PHI about you without seeking your authorization:

**To provide mental health care to you.** Providing such care requires treatment, payment, and other health care operations. There may be times I consider it necessary to consult with another provider, or to share information with a psychiatrist who is prescribing medication for you. I may also need to release information in order to determine eligibility for coverage by your insurance company. There may also be times when, for purposes of quality assurance, your information will be shared with other professionals.

**When required by State or Federal authority. These circumstances include:**

- **Child, adult, or domestic abuse.** If you give me information that leads me to suspect abuse, neglect, or death due to maltreatment, I must report such information to the county Department of Social Services. I must provide additional information if requested to do so.
- **Serious threat to health or safety.** I may disclose your confidential information in order to avert a serious threat to the health or safety of a person, the public, or yourself. Such disclosure will be made to a person or persons reasonably able to lessen the threat, including the target of the threat. (Note: HIV-related information, genetic information, and substance-use records may enjoy certain special confidentiality protections under applicable State and federal laws.)
- **Health oversight.** I may disclose PHI about you to a state or federal oversight agency, such as a licensing board, that is authorized by law to oversee my operations.
- **Judicial or administrative proceedings.** I may disclose PHI about you in response to an order of a court or administrative tribunal. Also, if you file a worker's compensation claim, I am required by law to provide mental

health information relevant to your claim to your employer and to the North Carolina Industrial Commission.

- **When the use and/or disclosure relates to specialized government functions.** I may disclose PHI about you if it relates to matters of national security, or as required by military command authorities if you are a member of the Armed Forces.

**Other uses and disclosures.** In addition to the circumstances mentioned above, I may use your PHI in the following ways:

- To provide you of possible reminders, with discretion appropriate to your circumstances.
- To notify you of possible treatment alternatives or other benefits and services that may be of interest to you.
- To disclose to your family, friends, or other individual that you identify, PHI directly related to that person's involvement in your care or in the payment for your care. I may use or disclose your PHI to notify, or assist in the notification of, a person responsible for your care of your location, general condition, or death. If you are present or otherwise available, I will give you the opportunity to object to these disclosures, and will not make them if you object. If you are not present and are not available, I will determine whether a disclosure to these individuals is in your best interest, taking into account the circumstances and based upon my professional judgment. Even if you object, I may still share the PHI about you, if I consider it necessary in emergency circumstances.

### ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, I will ask for your written authorization before I use or disclose PHI about you. If you sign a written authorization allowing me to disclose PHI about you in a specific situation you can later cancel your authorization in writing by contacting me.

## You have Several Rights Regarding PHI About you

You have the right to:

- request restrictions on uses and disclosures of PHI about you. If I cannot honor your request, I will provide an explanation.
- receive confidential communications by alternative means and at alternative locations.
- to see and receive a copy of PHI contained in my mental health (excluding psychotherapy notes) and billing records. There are circumstances under which your request may be denied, such as when a licensed health care professional has determined that such access is reasonably likely to result in harm to you or to someone else.
- have a denial of access to PHI reviewed in accordance with the requirements of applicable law.
- request in writing an amendment of PHI for as long as the PHI is maintained in the record. I may deny the request if the information is not part of the records used to make decisions about you, if the information was not created by me, or if I believe the information is correct and complete. Any denial I make will be in writing and will include a discussion of your rights to provide a written statement disagreeing with the denial.
- Receive a listing of disclosures I have made. When you request, you have a right to receive an account of disclosures of PHI for which you have provided neither consent nor authorization except those made for your treatment, for billing and collection of payment for your treatment, or for health care operations.