



# Simplicity Counseling Services, PLLC

696-A North Spence Avenue, Goldsboro, NC 27534 \* (919)330-4147

## MEMBER RIGHTS PRIVACY & POLICIES

### *Notice of our Agencies' Policies and Practices to Protect the Privacy of Your Health Information*

***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.***

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

We 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.”
  1. Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  2. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility/coverage.
  3. Health Care Operations are activities that relate to the performance and operation of my practice. 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ❖ “Disclosure” applies to activities outside of the office such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained.

- ❖ An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we asked for



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information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your service notes.

- ❖ “Service notes” are notes we may have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or service notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that
  1. we have relied on that 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. Uses and Disclosures with Neither Consent nor Authorization**

Please be informed that confidential information may not be released without written consent except in emergency or as provided for in General Statutes 122C-52 through 122C-56 (see statutes for all exceptions), and that release/disclosure may occur without consent in the of required emergency treatment, request from the funding source, or an audit. For example:

- ❖ **Child Abuse** - If you provide information suspecting child abuse, neglect, or death due to maltreatment, we 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, we must do so.
- ❖ **Adult and Domestic Abuse** -If information you provide indicates reasonable cause to believe that a disabled adult is in need of protective services, we must report this to the Director of Social Services.
- ❖ **Health Oversight**-The North Carolina mental health licensure Boards has the power, when necessary, to subpoena relevant records should we 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 the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information 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. You will be informed in advance if this is the case.



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- ❖ **Serious Threat to Health or Safety** - We may disclose your confidential information to protect you or others from an “imminent” threat of harm by you.
- ❖ **Worker’s Compensation** - If you file a workers’ compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

## IV. Member’s Rights, Clinician and Member’s Duties Member’s Rights:

- ❖ **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are 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. (For example, you may not want a family member to know that you are involved in treatment. Upon your request, we will send your bills to another address.)
- ❖ **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the involved or an appointed clinician will discuss with you the details of the request and denial process.
- ❖ **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ❖ **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- ❖ **Right to a Paper Copy** - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically. You have the right to request of free copy of any evaluation and / or treatment plan (ask for a copy at the front desk).
- ❖ **Right to dignity, privacy, human care, and freedom from mental and psychological abuse, neglect and exploitation** – You have the right to live as normally as possible while receiving care and treatment.



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- ❖ **Right to treatment** – You have the right to access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse.
- ❖ **Right to an individualized written treatment or habilitation plan** – You have the right to a plan setting forth a program to maximize the development of restoration of his or her capabilities.
- ❖ Each member shall have the right to consent to or refuse treatment and if they refuse treatment, this will not be grounds for termination (based on 10A NCAC 27D .0303 (c): Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.)

## **Clinician's and Member Duties:**

- ❖ We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ❖ We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

## **V. Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Simplicity Counseling Services Privacy Officer: Magdalena Arias (919)330-4147 to share your concerns. 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. Other complaint options include: Contacting Disability Rights of NC [www.disabilityrightsn.org](http://www.disabilityrightsn.org) or 1-877-235-4210 or TTY 1-888-268- 5535 or your local Managed Care Organization (see Medicaid card for personal MCO)

## **Member Grievance Procedures**

In the event an individual has a complaint regarding services received from Simplicity Counseling Services, PLLC they shall follow the plan below. Any member or guardian of a consumer has the right to file a grievance without interference or retaliation



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- ❖ A written statement of the complaint shall be sent to the Office Administrator.
- ❖ The Office Administrator shall respond to the individual that made the written complaint within twenty-four (24) hours of receiving the complaint.
- ❖ If the individual is not satisfied with the response given by the Office Administrator, the letter of complaint shall be discussed with one of the business owners.
- ❖ The Owner shall respond to the individual within twenty-four (24) hours of receiving the complaint.
- ❖ If the individual is not satisfied with the response, he/she shall send the written complaint to review with the Community Advisory Board. All actions at this level are considered final.
- ❖ A copy of the grievance procedure shall be given to any individual served by Simplicity Counseling Services, PLLC.
- ❖ An individual may contact the designated MCO/LME (see Medicaid card) or the DHSR Complaint Intake Unit #1-800-624-3004 or the Disability Rights of NC #1-877-235-4210

## **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on December 1, 2017. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide current patients with a revised notice by posting it in the waiting room of our office.