

Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information.

Understanding your record and health information

Each time you visit or have contact with Family Solutions and Wellness Center, PLLC, a record of that contact is made. This record typically includes information about you, including information about treatment interventions, behaviors, observations, assessment, treatment plan, and billing related information (if applicable).

Our Responsibilities

We are required by law to protect the privacy of information about you and that which identifies you. We call this Protected Health Information (PHI). We are required to provide you with Notice of Privacy Practices and abide by the terms of the notice.

Understanding PHI

Protected Health Information (PHI) under HIPPA includes any individually identifiable health information. This includes data that is explicitly linked to a particular individual (i.e. name, social security number, etc). PHI also includes information which reasonably could be expected to allow individual identification, including but not limited to address, date of birth, telephone number, email address, health plan beneficiary number, or any other characteristic that could uniquely identify an individual.

Uses and Disclosures of PHI

Use: applies only to activities within our office, such as sharing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure: applies only to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

Treatment: we will use and disclose mental health information about you to provide, coordinate and/or manage your health care and related services. We may disclose information when communicating internally with other mental health providers. We must and will obtain your written permission (“authorization”) in order to release information to another health care provider outside the agency. You may revoke all authorizations of PHI at any time. This revocation must be in writing.

Payment for Services: we will use and disclose mental health information about you to bill and collect payment. This may include your insurance company or any other entity involved in the authorization for services, billing of services, and payment for services.

Uses and Disclosures without your Consent or Authorization

Your PHI may be disclosed without your consent or authorization in the following circumstances:

Abuse: We are mandated by federal law to report information that leads us to suspect child abuse, elder abuse, neglect, or domestic violence. We are required to report this to the Department of Social Services, and may be required to further disclose information if the allegations lead to an investigation.

Safety Concerns: We may disclose your confidential information if we believe you are likely to harm yourself or someone else.

Subpoena: Your PHI may be disclosed if we are subpoenaed or court ordered.

Workers Compensation: We are required by law to provide your relevant mental health information to your employer and the North Carolina Industrial Commission if you file a workers' compensation claim.

Your Rights

Right to review and copy: you have the right to inspect and/or obtain a copy of PHI in your mental health and billing records. Your request to obtain a copy of medical records must be in writing, and may be subject to a fee for the costs of processing your request. Please refer to our financial policy for further details. Please allow up to 60 days to process your request.

Right to amend: If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record (7 years from the end of services). You must submit this request in writing. We reserve the right to deny your request.

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 comply with your request.

Right to an accounting: you have a right to receive a list of disclosures of PHI that Family Solutions and Wellness Center has documented.

Right to a paper copy of this notice: you have a right to request a copy of this notice at any time.

Complaints

If you believe your privacy rights have been violated, please discuss your concerns with me. You may also file a written complaint to the US office of Civil Rights at 1-800-368-1019. If a complaint is filed, we will not take any action against you or change our treatment in retaliation.