

Embracing Peace Counseling
165 Mahaley Ave. Suite 1050
Salisbury, NC 28144

Notice of Privacy Practices

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

Right to Notice

As a client of Embracing Peace Counseling (EPC), you have the right to adequate notice of how the agency uses and discloses to others. Your protected health information and your individual rights and agencies legal duties with respect to protected health information. If EPC provides you with direct service/support, this Notice will be provided to you no later than the date of the first service delivery. In an emergency treatment situation, the Notice will be provided as soon as reasonably practicable after the emergency treatment situation. Except in an emergency treatment situation, EPC will make a good faith effort to obtain a written acknowledgment of receipt of the Notice. If it is not obtained, EPC will document its good faith efforts to obtain such acknowledgment, and the reason why the acknowledgment was not obtained. The Notice will be available at each service delivery site for individuals to request to take with them. The Notice will be posted in a clear and prominent location where it is reasonable to expect individuals seeking service from EPC to be able to read the notice. Whenever the Notice is revised, EPC will make the Notice available upon request on, or after the effective date of the revision.

This Notice describes your rights in regards to the protection of your health information and how you may exercise those rights. This Notice also gives you the names of contacts. Should you have questions or comments about the policies and procedures, Embracing Peace Counseling uses to protect the privacy of your health information. Please review this document carefully and ask for clarification if you do not understand any portion of it.

Embracing Peace Counseling is required by law to inform you of our legal duties and privacy practices with respect to your health information through this notice of privacy practices. This Notice describes the ways we may share your past, present and future health information, ensuring that we use, and or disclose this information only as we have described in this Notice. We do, however, reserve the right to change our privacy practices, and the terms of this Notice, and to make the new notice revisions effective for all health information that we maintain. Any changes to this Notice will be posted in our agency offices, (applies only to providers with the right relationship) on our agency website at www.EmbracingPeaceCounseling.com. Copies of any revised Notices will be available to you upon request. If at any time, you have questions or concerns about the information in this notice or about our agencies, privacy practices, policies and procedures, you may contact your agency Privacy Official at 980-643-0396.

Use and disclosure of health information without authorization Treatment

Embracing Peace Counseling may use or disclose your health information, as needed, in order to provide, coordinate, or manage your healthcare and related services. This includes sharing your health information with other healthcare providers, both within and outside the agency, regarding your treatment when we need to coordinate and manage your healthcare. Example: space we may share your health information with doctors, nurses, and other healthcare personnel who are involved in providing your healthcare. Disclosing your health information to another healthcare provider would be especially important. If your doctor knew you had allergic reactions to particular substances that could be life-threatening. So, sharing your health information with another healthcare provider is essential for your protection and quality care.

Payment for services

Embracing Peace Counseling may use and give your health information to other staff and health plans you designate to bill and collect payment for the healthcare services received by you. We may share information with your health plan to determine coverage status prior to schedule services. We will share adequate information with departments that prepare bills and manage client accounts in order to ensure that payment for services rendered. We may share your health information with agents of your insurance company or health plan to confirm services that were provided to you. We may also share your health information with the agency staff for reviews of client services to make certain you have received

appropriate care and treatment. Example the treatment provided to you needs to be shared with our agencies, billing department and with your health plan, so your health plan can pay your bill.

Health care operations

Embracing Peace Counseling may use or disclose your health information in performing a variety of business activities that we call "health care operations" these "healthcare operations" allow us to improve the quality of care we provide to you and our other clients and help us to reduce healthcare costs. Some examples of the way we may use or disclose your health information for "healthcare operations" are:

- Review the care you receive here and evaluating the performance of your healthcare team to ensure you have received quality care.
- Improved Healthcare and Lorri costs for groups of clients to have similar health problems and to help manage and coordinate their care.
- Review and evaluate the skills, qualifications and performance of our healthcare providers that are taking care of you.
- Provide training programs for students, trainees, healthcare providers, or non-healthcare, professions, (such as billing clerks) that allow these professionals to use the skills they have learned.
- Cooperate with outside eight organizations that review and determine the quality of care that week, and other healthcare organizations, provide such as the joint commission on accreditation of healthcare organizations.
- Provide information to professional organizations that evaluate, certify or license, healthcare providers, staff, or facilities in a particular field or specialty.
- Assist others review our activities, such as other healthcare providers, lawyers, and others. His assist us in complying with specific laws.
- Plan for our agencies, future operations such as evaluating information about the number of clients that needed a particular x-ray to determine if additional equipment is needed.
- Result grievances, such as use of health information during an investigation, conducted by administration when a staff member was in our agency file, a grievance, protecting against a particular issue.

Other Circumstances

Embracing Peace Counseling may use and or disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law
- For public health activities
- Regarding abuse, neglect, or domestic violence
- For health oversight activities
- For court proceedings, such as court orders to appear in court, with your health information
- Related to death, such as disclosures to a funeral Director
- To avert a serious threat to the health or safety of a person or the public
- Related to specialized government activities, such as national security
- To correctional/Custodial institutions, or other law enforcement officials when you are in their custody
- For workers compensation, in cases pending before the industrial commission

Contacting You

Embracing Peace Counseling may use your health information to contact you to:

- Remind you of upcoming appointments, example EPC may send an appointment reminder by mail
- Make you aware of alternative treatment, services, products, or healthcare providers that may be of interest to you. Example if you are receiving treatment for a particular condition and your healthcare team, Lawrence Avenue or alternative treatments, we may contact you to inform you of such possibilities.

Use and disclosure of health information that requires your authorization and allows you an opportunity to object

There are certain circumstances where we may disclose your health information, and do you have an opportunity to object. Such circumstances include disclosures to:

- Families, friends, or others involved in your care
- Public or private agencies involved in your care, including positions, community agencies, schools, etc.

If you would like to object to disclosure of your health information in any of the above circumstances, please notify your therapist during any part of your treatment services.

EPC will not use or disclose your health information without your authorization, except as specified in the above examples when use or disclosure of your information is allowed or when required by state or federal law. For all other uses or disclosures, we will ask you to sign a written authorization that allows us to share or request your health information.

Before you sign an authorization, you will be fully informed of the exact information you were authorizing to be disclosed, space requested into from whom the information will be disclosed requesting you may request that your authorization be canceled by informing our agency Privacy Official that you do not want any additional health information about you exchange with a particular person/agency. You will be asked to sign and date the authorization revocation section of your Original authorization. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you canceled your authorization are legal and binding.

Minors if you are a minor, who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses, including venereal diseases that must be reported to the state; pregnancy; abuse of controlled substances, or alcohol; or emotional disturbance, you have the right to authorize disclosure of your health information.

Your rights regarding your health information.

You have the following rights regarding your health information as created and maintained by this agency:

- You have a right to receive a copy of EPC Notice of Privacy Practices.
- At your first treatment encounter with this agency, you will be given a copy of this notice, and asked to sign acknowledgment that you have received it.
- In the event of an emergency service, you will be provided the Notice as soon as possible after the emergency services have been rendered.
- In addition, copies of this Notice have been posted in several public areas throughout this agency.
- You have the right to request a paper copy of this notice at any time from our agency, admissions officer, or a privacy official.

Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing, and forwarded to our agency privacy official.

Right to request to see and copy your health information

You have the right to request to see and receive a copy of your health, information and clinical, billing, and other records that are used to make decisions about you. Your request must be in writing and forward it to our agency Privacy Official. If your request is approved, you may be charged a fee to cover the cost of the copy, excluding labor cost. Instead of providing you, with a full copy of the health information, we may give you a summary or explanation of your health information, if you agree in advance to that format into the cost of such information. Your request may be denied under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing, and describe any rights you may have to request a review of our denial.

Right to request amendment of your health information

You have the right to request changes in your health information in clinical, billing, and other records used to make decisions about you. If you believe that we have information that is either in accurate or incomplete, you may submit a request in writing to our agency privacy official, and explain your reasons for the amendment. We must respond to your request within 60 days of receiving your request. We may deny request if:

- The information was not created by this agency (unless you prove the creator of the information is no longer available to change the)

- The information is not part of the records used to make decisions about you
- We believe the information is correct, and complete;
- You do not have the right to see a copy the record

If we deny your request to change your health information, we will tell you in writing the reasons for denial, and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change your health information, we will make reasonable efforts to inform others of the changes, including persons, you named, who have received your health information and who needs the changes.

Right to Request a listing of disclosures we have made

You have the right to request and receive a written list of certain disclosures of your health information, made after April 14, 2003. You may ask for disclosures we have made in just six years before your request. This listing will include the date of the disclosure the name (and address, if available) of the person or organization, receiving the information, a brief description of the information disclosed and the purpose of the disclosure. EPC is not required to include on the list disclosures for the following:

- For your treatment
- For billing and collection of payments for your treatment
- For our healthcare operations requested by you, that you authorized
- For individuals involved in your care, allowed by law

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month, period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to request restrictions on, uses and disclosures of your health information

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, or the payment of your care, such as a family, member, or a friend.

For example, you could ask that we not use or disclose this information about a previous condition you had. We are not required to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment, or unless it is a disclosure to the US secretary of the department of health and human services). You, or your personal representative may cancel the restrictions at any time. In addition, EPC may cancel a restriction at any time as long as we notify you of the cancellation.

Complaints

If you believe your privacy rights have been violated by us, or if you want to complain to us about our privacy practices, you may contact our agency privacy official. All complaints should be submitted in writing. Contact information is as follows:

Privacy Official - Becky Norman, MSW, LCSW
165 Mahaley Ave., Suite 1050
Salisbury, NC 28144

You may also send a written complaint to the United States secretary of the department of health and human services. Contact information is as follows: www.hhs.gov/civil-rights/filing-a-complaint/index.html

Mail to: Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email to: OCRComplaint@hhs.gov

If you file a complaint, we will not take any action against you, or change our treatment of you, in anyway.

For more information on Health Information Privacy and HIPAA regulations:

www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html