

Katherine O'Reilly M.S.W., LCSWA

Effective Date March 1, 2013

NORTH CAROLINA NOTICE FORM

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information: At the office of Katherine O'Reilly M.S.W., LCSWA, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective March 1, 2013 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information: Each time you visit the office of Katherine O'Reilly M.S.W., LCSWA, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities: The office of Katherine O'Reilly M.S.W., LCSWA, is required to:

- Maintain the privacy of your health information- All information shared is considered confidential/private. All client records are stored/transported in a secure location and accessed only by authorized personnel.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and accommodate reasonable requests you may have to communicate health information by alternative means or at

alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice to the address you have supplied us, or if you agree, we will e-mail the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or to disclose your health information after we have received a written revocation of the authorization according to the procedures included in this authorization.

Examples of used and disclosures related to treatment, payment and health care operations.

1. **We will use your PHI for treatment:** For example, information obtained by a counselor or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your clinician will document in your record the actions they took and their observations. In that way, the clinician will know how you are responding to treatment.
2. **We will use your PHI to obtain payment for treatment:** We can use and disclose your PHI to bill and collect payment for the treatment and services provided to you by the office of Katherine O'Reilly M.S.W., LCSWA For example, we might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you.

We might also provide your PHI to business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

3. **We will use your health care information for health care operations:** We can disclose your PHI to operate our agency. For example, we might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. We may also provide your PHI to our attorney or others to make sure we are complying with applicable laws.

Examples of other disclosures.

We may also disclose your PHI to others without your consent in certain situations.

1. **For emergency treatment:** Your consent is not required if you need emergency treatment as long as we try to obtain your consent after treatment is rendered, or if we try to obtain your consent but you are unable to communicate with us (i.e. If you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.
2. **When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement:** For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law

enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding.

3. **For public health activities:** For example, we may need to report information about you to the county coroner.
4. **For health oversight activities:** For example, we may need to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
5. **To avoid harm:** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For workers' compensation purposes:** We may provide PHI in order to comply with workers' compensation laws.
7. **Appointment reminders and health related benefits or services:** We may use PHI to provide appointment reminders or information about treatment.
8. **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
9. **Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person (you identify), health information relevant to that person's involvement in your care or payment related to your care.
10. **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Disclosures that require your prior written authorization: In any other situation not already described, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI by us.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

- A. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The right to choose how we send your PHI to you.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your homes address). We must agree to your request so long as we can easily provide the PHI to you in the format you requested.
- C. **The right to see and obtain copies of your PHI.** In most cases, you have the right to look at or receive copies of your PHI that we have, but you must make the request in writing. We will respond to you within 30 days of receiving your written request. In certain situations, we may

deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have our denial reviewed.

- D. **The right to obtain a list of the disclosures we have made.** You have the right to obtain a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations, directly to you, or to your family.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

- E. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that an important piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) is not part of our records. Our written denial will state the reasons for the denial and explain your right to file written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, notify you when it has been done, and inform others that need to know about the change to your PHI.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions or would like additional information, you may contact Katherine O'Reilly M.S.W., LCSWA, at the office (704) 888-1616 or cell (704) 984-2966.

If you believe your privacy rights have been violated, you may file a complaint with the office of Katherine O'Reilly M.S.W., LCSWA, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public