

# NOTICE OF PRIVACY PRACTICES TO PATIENTS & PARENTS/GUARDIANS OF PATIENTS

## Silver Moon Reflections ~ Amberly Dyer, LCSW

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA (including the HIPAA Privacy and Security Rules), and the *National Association of Social Workers (NASW) Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

**OUR COMMITMENT TO YOUR PRIVACY:** We are dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding the treatment and services we provide to you. Your medical records are our property. However, we are required by law to: a) maintain the confidentiality of your medical information; b) provide you with this Notice of Privacy Practices (NoPP) which describes our legal duties and privacy practices concerning your medical information; c) follow the terms of our NoPP in effect at the time.

**Changes to this Notice** The terms of this notice apply to all records containing your medical information that this practice creates or retains. We reserve the right to revise, change or amend this NoPP. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any medical information that we may receive, create, or maintain in the future. Anyone may request a copy of our most current notice during any visit to this practice.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:**

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in North Carolina and as a member of the National Association of Social Workers (NASW), it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following categories are described as consistent with the *NASW Code of Ethics* and HIPAA.

1. **Child, Elder or Disabled Person Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child, elder or disabled abuse or neglect or exploitation of an older adult/disabled person. Please note North Carolina law considers witnessing domestic violence a form of reportable child neglect. If we make such a disclosure, we will generally inform you of it. However, if we believe, based on professional judgment, that informing you or your personal representative places you at risk of serious harm or is otherwise not in your best interest, you would not be directly informed of the report/disclosure by this practice. North Carolina law protects the confidentiality of those reporting concerns of abuse or neglect.
2. **Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person, including you, or to the public. This is often called a “threat to the safety of yourself or others.” If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
3. **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
4. **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Amberly Dyer, LCSW, will try to notify you as soon as reasonably practicable after the resolution of the emergency. We may use or disclose your PHI if your counselor attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the counselor determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.
5. **Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care regarding your location and general condition.
6. **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
7. **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
8. **Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces (including veterans) or to designated processors/payors of medical treatment for active military members/dependents or veterans/dependents.

We may also disclose your PHI to authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Furthermore, we may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary to protect your health and safety or the health and safety of other individuals.

9. **Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

## **OTHER DISCLOSURES**

**Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Research.** PHI may only be disclosed after a special approval process or with your authorization. This practice is not currently involved in research projects.

**Fundraising and Marketing:** This practice does not currently engage in fund raising or direct marketing practices to clients receiving mental/behavioral health services. Any marketing activities are targeted to general public. We do not use or sell information to third-parties.

**Verbal Permission.** We may also use or disclose your information to family members or others that are directly involved in your treatment with your verbal permission. Your verbal permission is typically noted in your records.

**Workers' Compensation or Disability Claims** We may release your medical information for your workers' compensation and disability claims and similar program to appropriate agencies.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

**YOUR RIGHTS REGARDING YOUR PHI:** You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to the Privacy Officer, Amberly Dyer, LCSW, at PO Box 504 Rodanthe NC 27968 or at the office during regular hours.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained

electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Amberly Dyer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Requests must be made in writing to Amberly Dyer.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. You need not give a reason for your request. Your request must be made in writing, and it cannot restrict disclosures prior to the date of receipt by Amberly Dyer, LCSW/Silver Moon Reflections. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. We will accommodate reasonable requests in contexts of your treatment and well-being, as limited by above disclosures permitted by law and in emergencies without your consent.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request. Requests must be in writing to Amberly Dyer.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

#### **COMPLAINTS:**

If you believe we have violated your privacy rights, please discuss this with Amberly Dyer if possible. You have the right to file a complaint. **We will not retaliate against you for filing a complaint.** You may file a complaint as follows:

- A complaint may be made to Silver Moon Reflections/Amberly Dyer LCSW at PO Box 504 Rodanthe, NC 27968-0504, in a private meeting or by calling (252) 995-5478.
- North Carolina Social Work Certification and Licensure Board (800) 550-7009 or <https://www.ncswboard.org>
- The Secretary of Health and Human Services designates the Office of Civil Rights (OCR) as the agency to review privacy rights complaints. Anyone can file written complaints with OCR by mail, fax, or email. If you need help filing a complaint or have a question, call 1-800-368-1019.

Complaints are typically reviewed by the OCR regional office. For North Carolina, the contact is:

Office for Civil Rights  
US Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, SW  
Atlanta GA 30303-8909

Voice: (800) 368-1019  
FAX: (404) 562-7881

TDD: (800) 537-7697  
Email: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

Additional information and forms are available at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

**The effective date of this Notice is April 15, 2020.**