



# Confidential Confessions Counseling Services, PLLC

## Notice of Privacy Practices---HIPAA Compliance

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

Confidential Confessions Counseling Services (CCCS) understands your privacy is important. Any and all information we receive about you is used only to assist you. We handle this information only as allowed by federal/state law and agency policy.

This Notice of Privacy Practices is provided to you as a requirement of the Federal law named the Health Insurance Portability and Accountability Act (HIPAA). It describes how Confidential Confessions Counseling may use or disclose your "Protected Health Information" (PHI), with whom that information may be shared, and the safeguards Confidential Confessions Counseling has in place to protect your health information. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of Confidential Confessions Counseling, except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of this Notice You will be asked to provide a signed acknowledgment of receipt of this notice. Confidential Confessions Counseling's intent is to make you aware of the possible uses and disclosures of your PHI, and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, Confidential Confessions Counseling will continue to provide you treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary. However, Federal law requires Eagle to provide you with this information.

### **Your Privacy is Important.**

- You can make a complaint verbally or in writing contact any time you believe your privacy rights have been violated. Address and phone numbers to use are listed at the end of this notice.
- You will not suffer change in services or retaliation for filing a complaint.
- Each time you receive services from us, we document those services. Examples of items the medical record contains your assessment, service plan, progress notes, diagnoses, treatment, and transition or discharge plan for future care or treatment.
- Please note that any services paid for out of pocket can be restricted from disclosure to your health plan.
- Person's affected will be notified if there is a breach of Protected Health Information (PHI).

**Confidential Confessions' Duties to You Regarding Protected Health Information (PHI)**  
"Protected Health Information" (PHI) means individually identifiable health information. This information includes and not limited to the following demographics (e.g., your age, address,

phone number or e-mail address) and relates to your past, present or future mental health or condition, and related health care services. Confidential Confessions is required by law to do the following:

- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
  - Follow the terms of the notice currently in effect.
  - Make sure that your PHI is kept private.
- Communicate any changes in the notice to you.

### **Federally Defined Rights under HIPAA**

There are several rights concerning your health information in the medical record that we want you to be aware of:

- **You have the right to request access to your medical record in order to inspect, copy, amend, or correct it.** This process is kept confidential. This right is not absolute. In certain situations, we can deny access to your medical record such as if access would cause you harm. You may make this request to your Administrator.
- **You have the right to receive at any time an accounting of the agency's disclosure of your medical record.**
- **You have the right to request a restriction with regards to the use or disclosure of your protected health information (PHI).** Your request will be given serious consideration. You will be informed promptly whether we will be able to use the restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to abide by any restrictions you request.

### **Use and Disclosure of your PHI**

Upon signing the CCCS Consent to Treatment/ Service form, you are allowing us to use and disclose your PHI within the agency and with our business associates. Some information may be disclosed to a provider of support services, however, a written agreement in which the provider acknowledges he/she will safeguard the information and not further disclose the information. This information will be used and disclosed as follows:

- **Provide treatment/service** - In order to effectively provide treatment/service, CCCS staff may consult and share PHI about you with various service providers.
- CCCS has the right to release minimum information necessary for coordination of care and services. CCCS may also release confidential information to the referring physician or psychologist.
- **Receive payment** - In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage.
- **Conduct business** - In day-to-day business practices, trained staff may handle your physical medical record in order to have the record assembled, available for review by CCCS staff responsible for service documentation, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to the Department of Mental Health, Mental Retardation, and Substance Abuse Services. Confidential information may be disclosed in the following situations: quality assessment, quality improvement, accreditation, staff credentialing,

developing contracts, negotiating rates, investigating grievances, responding to grievances and complaints, evaluation practitioner and provider performance, auditing functions, on-site monitoring, conducting satisfaction studies and collecting and analyzing data.

- **Quality Management** - As a part of our continuous quality management efforts to provide the most effective services, professional staff may review your record to assure accuracy, quality, and organization.

### **Enhancing your Healthcare**

Some agency programs provide the following support to enhance your overall health care:

- Appointment reminders by call or letter
- Describing or recommending treatment/service alternatives
- Providing information about health-related benefits and services

### **Specific Circumstances for Disclosure without Authorization**

We are allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or opportunity to agree or object. There is documentation available to you upon your request listing what information was disclosed, to whom and for what reason.

These specific circumstances are:

- **Competency/Guardianship Purposes:** Director may disclose information in these instances
- **Required by law/Legal Proceedings:** For example: Court-ordered warrant, subpoena or administrative tribunal
- **Public Health authorities:** For authorized activities (ex: Communicable diseases)
- **Law Enforcement purposes:** For Example: reporting of assaultive behavior/injuries; limited information requested about suspects, fugitives, material witnesses, missing persons; witnesses criminal conduct on premises
- **Avert a serious threat to Health and Safety:** In response to a statement/action made by a person served to harm self or another. For example: imminent danger to the health or safety of the individual or another individual or there is likelihood of the commission of a felony or violent misdemeanor
- **Admission/Discharge:** Information regarding admission/discharge may be released to the person's next of kin when determined it is in the best interest of the individual
- **Abuse, Neglect or Exploitation:** Children or incapacitated adults who are suspected victims or Abuse, Neglect or Exploitation. Anyone who is a suspected perpetrator of Abuse, Neglect or Exploitation-
- **Specialized Government functions**
  - Military Services (ex: in response to appropriate military command)
  - National Security and Intelligence activities (ex: in relation to protective services to the President of the United States)
  - State Department (ex: medical suitability for the purpose of security clearance)
- **Health Oversight Activities:** For example: DHHS monitoring and/or MCO monitoring
- **Workers Compensation:** For example: facilitate processing, treatment and payment
- **Coroners and Medical Examiners:** For example: for identification of a deceased person or to determine cause of death

- **Secretary of Health and Human Services/Office of Inspector General:** For example: monitoring for HIPAA compliance
- **Emergencies:** Information may be exchanged with a physician or other health care provider who is providing emergency medical services. Disclosure of the information is limited to that necessary to meet the emergency as determined by the professional.
- **Financial Benefits:** Information may be disclosed when there is reason to believe the individual is eligible for financial benefits through a facility in order to establish financial benefits. After receiving benefits, the consent of the individual or legally responsible person is required to further release confidential information.
- **Advance Instruction:** CCCS professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist or other qualified professional when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction
- **Audits:** CCCS may disclose confidential information to persons responsible for conducting general research or clinical, financial or administrative audits if there is a justifiable documented need for this information. A person receiving the information may not directly or indirectly identify any individual in any report of the research or audit or otherwise disclose an individual's identity in any way.
- **Attorney:** CCCS shall disclose confidential information of an individual to an attorney upon the request of the competent adult or the legally responsible person.
- **Managed Care Organization (MCO):** Most persons served by CCCS has services overseen by an MCO. This MCO is responsible for payments of some services and oversight of CCCS. The MCO may share confidential information regarding any individual with network providers regarding treatment, payment and healthcare operations.

#### **Other Uses and Disclosures of Your Information by Authorization Only**

When you request information to be disclosed to another party or yourself, we respond in accordance with federal and state law as follows:

- We are required to obtain your authorization prior to use or disclose your PHI for any reason other than treatment/services, payment, or health care operations, and those specific circumstances outlined previously.
- We use an *Authorization to Use/Disclose Protected Health Information* form that is signed by you or your legal representative and specifically states what information can be given to whom, and for what purpose.
- You have the right to revoke the signed authorization at any time by a written statement given to us for that purpose.
- In most circumstances, only the minimum necessary information is used/disclosed.
- In regards to fundraising / marketing communication: CCCS will ask permission to use information for fundraising / marketing if that is ever an area of concern.
- Psychotherapy notes: Authorization is required for disclosure of these notes.

#### **Your Confidentiality Rights in regards to Releasing Information related to Drug and/or Alcohol use/abuse:**

If you have a diagnosis of Drug and/or Alcohol Abuse, your information is safeguarded in much the same manner your other information is safeguarded. You have the option to decide whether you want the information released. However, there are circumstances where this information can be released without your consent (per G.S. 42 CFR, Part 2), these situations include:

- To medical personnel to the extent necessary to meet a bona fide medical emergency.
- To qualified personnel for the purpose of conducting management audits, financial audits or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit or evaluation, or other disclose individuals identities in any manner.
- By court order.

Note: The information within your record may not be used to initiate or substantiate any criminal charges against an individual or to conduct any investigation of an individual. In some instances, a judge can order certain information be released.

### **Your Confidentiality Rights in regards to Releasing Information related to HIV/AIDS diagnosis:**

If you have a diagnosis of HIV or AIDS, your information is safeguarded in much the same manner your other information is safeguarded. You have the option to decided whether you want the information released. However, there are circumstances where this can be released without your consent (per G.S 130A-143), these situations include:

- Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardian
- Release is made for the purposes of treatment, payment, research or health care operations to the extent that disclosure is permitted
- Release is necessary to protect the public health regarding control measures for communicable diseases and conditions. This information is typically shared with the local Health Department.
- By court order

### **Changes in Privacy Practices**

CCCS reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law. You will receive notice of changes either by mail, posting, or discussion with an agency representative or electronically or a combination of the four.

If you would like additional information concerning our Privacy Policy or the federal and state laws pertaining to privacy or you would like to report a violation, you may personally inform, or mail your complaint to, the Director at:

**Confidential Confessions Counseling Services, PLLC**  
**2302 W. Meadowview Rd. STE 108**  
**Greensboro, North Carolina 27407**  
**(336) 355-1811**

**If you are not satisfied with the Director's response to your complaint, you can file the complaint with the Governor's Advocacy council at 1-800-821-6922 or email [GACPD@ncmail.net](mailto:GACPD@ncmail.net).**