

**Client Name:** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_

**Insurance#:** \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

### Notice to Client or Guardian Regarding Protected Health Information

**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.**

All information that is provided during the screening, intake, and the treatment process is considered confidential by the employees and volunteers working for **Paula S. Newman, PLLC**. The disclosure of protected health information will be governed by North Carolina General Statute 122C; federal law regarding substance abuse records, 42 CFR Part 2; and, the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws.

Disclosure of protected health information is permitted when you or your legal representative sign a written authorization or give verbal authorization in an emergency. Any authorization for disclosure may be revoked at any time, except to the extent that action has been taken in reliance on it.

You also have other rights related to the use and disclosure of health information in your medical record. These include:

- the right to inspect and request a copy your medical record;
- the right to request amendment of any section of your medical record; and,
- the right to receive an accounting of disclosures that have occurred with your medical record.

**Paula S. Newman, PLLC** may mail information to you regarding appointment reminders, billing information, information about treatment alternatives, or other services that might be of interest to you. If you do not wish to receive mailings from **Paula S. Newman, PLLC**, please inform me.

**Paula S. Newman, PLLC** reserves the right to change this notice and to make the new notice effective for all protected health information that is maintained in hard copy or electronic format. Revisions to the NOTICE OF PRIVACY PRACTICES will be made available to you.

**You have the right to request restriction of disclosure of your health information, except when there is an emergency or for other exceptions detailed in North Carolina General Statutes 122C 52-56 or in 45 CFR 164.512 of HIPAA. Under the following specific conditions, disclosure of information is permitted and/or required by law and professional ethics without your specific authorization:**

- The fact that a consumer has been admitted or discharged to his/her next of kin (if the responsible professional determines it is in the consumer's best interest);
- Upon the request of consumer's family member (who has a legitimate role on the therapeutic services offered), the responsible professional may disclose consumer's status related

to admission or discharge from services, transfer to another provider, and referrals and post-discharge appointment information (after consumer has been notified of the request);

- Under court order;
- To an internal consumer advocate;
- When consumer has left a 24-hour facility and appropriate individuals need to be notified;
- Any suspected abuse/neglect/exploitation or communicable diseases;
- To consumer's attorney, the agency's attorney, an attorney representing the State if consumer is facing court hearings, or the Attorney General's office when information is needed to conduct statutory responsibilities of the office;
- To Department of Corrections if consumer is or has been imprisoned;
- For purposes of filing petition for involuntary commitment or adjudication of incompetence;
- During district court hearings related to a consumer's admission to/discharge from a facility to which he/she has been involuntarily committed;
- When there is imminent danger to the health, safety of consumer or another individual or when there is the likelihood of the commitment of a felony or violent misdemeanor;
- To healthcare providers who are providing emergency services;
- To another North Carolina behavioral health facility, HIPAA covered entity, LME/MCO, provider of support services, Secretary, physician, the Community Care of North Carolina Program (CCNC), or other individuals when necessary to coordinate appropriate and effective care, or for quality improvement activities;
- To an area/state facility as needed to conduct payment activities relating to services provided for a consumer;
- When there is reason to believe, a consumer is eligible for benefits through a program of NC DHHS (or a federal, state or local governmental agency), a provider may disclose confidential information to establish and maintain eligibility for benefits and obtain reimbursement for the cost of services provided for a consumer;
- To the LME/MCO when it is deemed necessary to develop, manage or evaluate the LME/MCO's network of providers; and,
- For approved research and planning, audits and statistical purposes.

And, any other exceptions included in NCGS 122C 52-56.

**Paula S. Newman, PLLC** recognizes the importance of confidentiality, and your right to be fully informed of all regulations regarding protected health information. If you feel that your privacy rights have been violated you may contact the Secretary of the North Carolina Department of Health & Human Services, Mail Service Center 3015, Raleigh, North Carolina 27699, or 919-715-1294; or Disability Rights North Carolina, 3724 National Drive Suite 100, Raleigh, North Carolina 27612, or 877-235-4210. Provision of services will not be affected by the filing of any complaint.

**This NOTICE OF PRIVACY PRACTICES has been reviewed with me.**

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**Client, Parent, or Legal Guardian**

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**Date**