



Client Rights and HIPAA Information

Notice of Information 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 carefully.

Understanding Your Aspen Mental Health Therapy and Consulting, PLLC Health Record Information:

Each time that you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care of treatment. This information, often referred to as your medical record, serves as:

- The basis for planning your care and treatment.
- The means of communication among any health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understand what is in your health records and how your health information is used help you to:

1.) Ensure its accuracy and completeness. **2.)** Understand who, what, where, why, and how others may access your health information. **3.)** Make informed decisions about authorizing disclosures to others. **4.)** Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard:

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations.
- Please note: "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review.

The right to request restriction does not extend to uses of disclosures permitted or required under the following sections of the federal privacy regulations:

General statute 164.502(a)(2)(i)(disclosures to you), general statute 164.510(a) (for facility directories, but note that you have the right to object to such uses), or general statute 164.512 (uses and disclosures not requiring a consent or an authorization). Attorney uses and disclosures include, for example, mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose individually identifiable health information provides the ability to request



restriction. We do not, however, have to agree to the restriction, except in a situation explained below. If we do agree, we will adhere to this agreement unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communication only on consent for treatment, payment, and health care operations. If, however, you request restriction on disclosure to a health plan for purposes of payment or health care operation (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.

You have a right to:

- Obtain a copy of this notice of information practices (We have posted a copy on our web site (www.aspenmentalhealth.com) and, you have a right to a hard copy upon request.)
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access will cause harm, we can deny access.

You do not have a right of access to the following:

- Therapy notes. Such notes consist of those notes that are reported in any medium by health care provider, who is a mental health professional, documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical records.
- Information compiled in reasonable anticipation for use in simple, criminal, or administrative actions or proceedings.
- Protected Health Information that is subject to the clinical and laboratory improvement amendment of 1988, 42 U.S.C. General statute 263A, to the extent that giving you access would be prohibited by law.
- Information that was obtained by someone other than a health care provider under a promise of confidentiality then the requested access would be reasonable likely to be a source of information. In other situations, we may deny access, if we do, we must provide you a review of our decisions and our access.

These reviewable grounds for denial includes the following:

- A licensed health care professional, that is your attending physician, as determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- The Protected Health Information makes reference to another person (other than a healthcare provider) and Licensed Healthcare Provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such or the person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, giving such access to the personal representative is likely reasonable to cause substantial harm to you or another person.
- For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny the access, we will explain why and what your rights are,



including how to seek review. If we grant access, we will tell you what, if anything, you do not get access to. We reserve the right to charge a reasonable, cost based fee for making copies.

Request amendment/correction of your health information:

We are not obligated to grant the request if the following condition exist:

- We did not create the record. If, as in the case with consultation reports from another provider, we did not create the report, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
- The records are not available to you as discussed immediately above.
- The record is accurate and complete.

If we deny your request for amendment/correction:

We will provide notice to you of why, as well as, how you can attach a statement of disagreement to your records (which we may rebut) and how you may lodge further complaint. If we grant the request, we will make correction and distribute the correction to those whom you identify to us that you want to receive corrected information.

Accounting of non-routine uses and disclosures:

Accounting and disclosure used other than for treatment, payment, health care operations, or that the Federal Department of Health and Human Services set after January 1, 2011, will be provided to you upon your request (for uses and disclosures for treatment, payment, and health care operations.)

We are not obligated to provide an accounting of disclosure to you for the following:

Protected Health Information. For the facility director or to persons involved in your care or for other notification purposes as provided in general statute 164.510 in the Federal Privacy Regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notifications to family members, personal representatives, or other persons responsible for your care, your location, general condition, or death). For national security or intelligence purposes under general statute 164.512(K)(2) of the Federal Privacy Regulations (disclosures not requiring consent, authorization, or an opportunity to object). To correctional institutions or law enforcement officials under general statute 164.512(K)(5) of the Federal Privacy Regulations (disclosures not requiring consent, authorization, or an opportunity to object) that occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

Date of each disclosure. Name and address of the organization or person, who received the Protected Health Information. Brief description of the information disclosed. Brief statement of the purposes of the disclosure that reasonably informs you of the basis for the disclosure or, in real such statement, a copy of



your written authorization, or a copy of a written request for disclosure. The first accounting in any 12 months period is free. Thereafter, we reserve the right to charge a reasonable, cost based fee.

Our responsibilities under the Federal Privacy Standard and Your Rights:

In addition to providing for your rights as detailed above, the federal privacy standard requires us to take the following measures: Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information. Provide you this notice as to our legal duties and privacy practices, with respect to individually identifiable health information that we collect and maintain about you. Abide by the terms of this notice. Implement policy to discipline those who breach privacy/confidentiality or our policies. Litigate, less than the harm of, any breach of privacy/confidentiality. We will not disclose health information without your consent or authorization, except as prescribed and just noted or otherwise required by law. ***Your rights also include: The right to refuse treatment; the right to access medical care; the right to receive a copy of your treatment plan; and the right to contact NC Disability Rights. These rights are available upon request. You can review these at intake.***

How to get more information or to report a problem:

If you have questions and/or would like additional information you may contact Dallas Johnson or Aspen Mental Health Therapy and Consulting, PLLC at 336-827-0089.

We reserve the rights to change our practices and to make the new provisions affective for all individually identifiable health information that we maintain. If we change our information practices, we will provide notice to the address that you have given us.

Examples of disclosures for treatment, payment, and health care operations:

If you give up consent, we will use your health information for treatment. Example, a physician, a physician's assistant, a therapist or counselor, a nurse or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary care giver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will again document actions to take and their observations. In that way, the primary care giver will know how you are responding to treatment. We will also provide your physician, other health physicians, or subsequent health care provider copies of your record to assist in treating you once we are no longer treating you.

If you give us consent, we will use your health information for payment:

Example: We may send a bill to you or to a third party payer such as a health insurer. The information accompanying the bill may include information that identifies your diagnosis, treatment received, and supplies used.



If you give us consent, we will use your health information for health care operations:

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality insurance team may use information in your records to assess the care and outcomes in your case and the confidence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care service that we provide.

Business associates:

We provide some services to contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, in the like. When we use these services, we may disclose your health information to the business associates so they can perform the function or functions that we have contracted with them to do. To protect your health information, we require the business associate to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

Notification:

When necessary, we may use or disclose information to notify a family member, a personal representative, or another person responsible for your care, location, or general condition.

Research:

We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocol to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable laws to enable them to carry out their duties.

Marketing/Continuity of Care:

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefit and services that may be of interest to you.

Food and Drug Administration:

We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, products, or product effects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.



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.

Correctional Institution:

If you are an inmate of a correctional institution, we may disclose to the institution or agency health information necessary for your health and the health or safety of other individuals.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in a response to a valid subpoena.

Health Oversight Agencies and Public Health Authorities:

If members of that workforce or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standard and are potentially endangering more and more patients, workers, or the public, then we may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

The Federal Department of Health and Human Services/DHHS:

Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.