

**Loretta Shaia, LCSW**  
**HIPAA NOTICE OF PRIVACY PRACTICES, 2018**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information according to The Health Insurance Portability and Accountability Act (HIPAA). Trust and confidentiality are cornerstones of an effective psychotherapeutic relationship, and the privacy of your record is protected by North Carolina state law, professional ethics codes, and the policies described in this Notice. Please review this Notice carefully and let me know if you have any questions.

**I. DEFINITIONS**

HIPAA regulations divide your record into two categories: protected health information and psychotherapy notes. **Protected Health Information (PHI)** refers to information created by me, in both electronic and paper form, which can be used to identify you. PHI contains data about your health/condition, the healthcare I provide, and payment for that healthcare. **Psychotherapy Notes** contain more detailed documentation and analysis of your sessions and are kept separate from your PHI. Psychotherapy notes are not accessible to insurance companies or other third-party reviewers or, in some cases, to the clients themselves.

This document describes how your PHI that is in my possession may be used and disclosed as well as how I will make that information available to you. PHI is *disclosed* when I release, transfer, give or otherwise reveal it to a third party outside my practice.

**II. YOUR RIGHTS**

A. Privacy - I safeguard the privacy and security of your protected health information (PHI) according to the guidelines set forth by HIPAA, related Federal statutes, professional ethics codes, and NC State regulations.

B. Minimum Necessary – With some exceptions, I will not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

C. Further Restrictions - You may request restrictions on certain uses and disclosures of PHI; however, federal law does not require that I comply with all requests. If I do not agree to your request, I will put those limits in writing.

D. Access - In general, you may inspect or obtain a copy of your PHI that is in my possession as long as that PHI is maintained by me. If I deny you that right, I will give you, in writing, the reasons for that denial and explain your right to have the decision reviewed. If your record is in electronic form, you have the right to request an electronic format of that record.

E. Delivery method - You have the right to ask that your PHI be sent to you at an alternate address or by an alternate method, and I will comply with that request to the extent possible.

F. Amendment - You may request, in writing, an amendment of PHI so long as I maintain that PHI in our records; however, I may deny your request. If so, I will explain your right to file a written objection. I will answer your questions concerning the amendment process.

G. Disclosures – I will keep track of all instances in which I disclose your PHI without your prior authorization (see Section III below). You may request an accounting of all such non-authorized disclosures.

H. Complaints – You may file a complaint about my privacy practices without retaliation. See section IV below for more information.

I. Notice - You will be provided a paper copy of this notice from me upon request, even if you have received this notice electronically. If I make significant changes in policies related to this notice I will update this notice and provide a copy to all clients who are active at the time of the relevant changes. This notice will also be posted on my website and in the waiting room.

J. Right to Request Confidential Communication. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I 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. I will not ask you for an explanation of why you are making the request.

K. Breach Notification. If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**III. USES AND DISCLOSURES**

I may use and disclose your PHI for several reasons. Some of these uses and disclosures require additional prior written authorization, while others do not.

**A. TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

Uses and disclosures related to treatment, payment, or healthcare operations do not require your prior written consent. Accordingly, I may use or disclose your PHI to another healthcare professional to provide treatment to you. Your PHI may be used or disclosed to bill and collect payment for services I provide to you.

**B. FURTHER DISCLOSURES**

Federal and state law do not require patient consent for the following additional disclosures:

1. Child abuse: I am expected to report to the local Department of Social Services information that leads me to reasonably suspect child abuse or neglect. I must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
2. Adult abuse: I must report to the local Department of Social Services information that leads me to reasonably suspect that a disabled adult is in need of protective services.
3. Judicial/Administrative Proceedings: I must comply with an appropriately issued court order or subpoena requiring that I release your PHI.
4. Serious Threat to Health or Safety: I may disclose your PHI to protect you or others from a serious threat of harm.
5. Worker’s Compensation: Under certain circumstances, I may disclose your PHI in connection with a Worker’s Compensation claim that you have filed.
6. Specific Government Functions: I may disclose the PHI of military personnel or veterans under certain circumstances. Also, I may disclose PHI in the interest of national security.
7. Health Oversight Activities: Certain public health activities or investigations may necessitate the disclosure of PHI.
8. As Required by Law: There may be other instances where either federal or state law requires that me to release your PHI.

**C. USES REQUIRING AN AUTHORIZATION**

North Carolina state law and professional ethics codes require authorization and consent before most uses and disclosures of PHI; HIPAA regulations do not change this requirement. In signing this Notice, you are providing general consent to care and authorizing the use and disclosure of PHI for the purposes listed in sections IIIA and IIIB. In many of these instances and in any other situation not described in Sections IIIA and IIIB, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to the extent that I have not already taken action based up on the original authorization.

**IV. QUESTIONS**

If you have questions about this notice, disagree with a decision I make about access to your PHI or have any concern that I may have compromised your privacy rights, you may file a written complaint with the Secretary of the US Department of Health and Human Services at 200 Independence Ave. SW, Washington, DC 20201.

**V. EFFECTIVE DATE**

This notice is in effect as of January, 2018.

I acknowledge receipt of this notice.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*(For clients under the age of 18.)*