



Disclosure of Policies on Protected Health Information Privacy

Peaceful Soul Counseling and Group Therapy, PLLC understands that information about your health, both physical and mental, is private and should be handled with the utmost care and confidentiality.

We want to inform you that release/disclosure of any information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164-512 of HIPAA (the uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required). Informed Consent under 10A NCAC26B.0205 states that "Prior to obtaining a consent for release of confidential information, a delegated employee shall inform the client or his legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The client or legally responsible person shall give consent voluntarily".

Thus, we are required to protect the privacy of any protected health information (PHI) that we collect. Peaceful Soul Counseling and Group Therapy, PLLC and all associates abide by the above cited statutes to:

Inform you of your rights to privacy and how we will use your PHI

- You do have the right to request that we do not use or disclose your PHI in a particular way.
- You have the right to receive confidential communication from Peaceful Soul Counseling and Group Therapy, PLLC at a location of your choice, with request given in writing.
- You have the right to revoke in writing the authorization you granted us for use or disclosure of your PHI. Please know that if we have had your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.
- You have the right to inspect and copy your PHI. Please know that we may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.
- You specifically have the right to request a copy of the Treatment Plan. To obtain a copy of this plan or other aspects of your record, simply contact Peaceful Soul Counseling and Group Therapy, PLLC at 978-712-8110 or by email to info@mypeacematters.com. We will be happy to provide that for you within 5 business days.
- If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. All statements must be made part of our record for you.
- You have the right to request an accounting of certain disclosures we have made of your PHI since the start of Peaceful Soul Counseling and Group Therapy, PLLC. We will inform you if there are charges associated with generating a report, and you have the right to withdraw your request, or pay to proceed.



- If you believe that your privacy has been violated, you may file a complaint with Peaceful Soul Counseling and Group Therapy, PLLC or with the Office of Civil Rights headquarters in Washington, D.C. We will not retaliate or penalize you for filing a complaint. To file a complaint with us, please contact the agency at 978-712-8110. Your complaint should provide specific details to help us in investigating a potential problem. To file a complaint with the Office of Civil Rights, write to: 200 Independence Avenue, S.W., Washington, D.C. 20201 or call the regional office at 800-368-1019.

Disclosure of your PHI to others outside our agency

In providing services to you, there may be occasions when it is necessary to use and disclose your PHI. These include:

- Contacting another provider for records that may help in the continuity and coordination of care
- Seeking payment on your behalf from an insurance company or other third party payer
- There may be an audit of records by our agency or others including insurance or state/federal regulating boards to ensure strict adherence to standards, medical necessity of care, supervisory/learning experiences, or to resolve a complaint.

In these situations, we would disclose PHI information only with signed consent from you. This consent would specify: to whom this agency would communicate, exactly what will be requested or communicated, the reason for such request, and an expiration date for the request. There are some occasions when applicable law or ethical standards permit us to disclose PHI without your consent. In each of these, there is a strong concern for the health and safety of you or others or the requirement by law to cooperate. These include: Child or Elder Abuse or Neglect, Judicial and Administrative Proceedings, A client is deceased, Medical Emergencies, Family Involvement in Care to prevent serious harm, Health Oversight, Law Enforcement (Subpoena), Specialized Government Functions, Public Health and Public Safety.

Please note specific situations where client information may be disclosed as needed:

Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;

(2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardian;

(3) Release is made for purposes of treatment, payment, research, or health care operations to the extent that disclosure is permitted under 45 Code of Federal Regulations §§ 164.506 and 164.512(i). For purposes of this section, the terms "treatment," "payment," "research," and "health care operations" have the meaning given those terms in 45 Code of Federal Regulations § 164.501;



- (4) Release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions;
- (5) Release is made pursuant to other provisions of this Article;
- (6) Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case;
- (7) Release is made by the Department or a local health department to a court or a law enforcement official for the purpose of enforcing this Article or Article 22 of this Chapter, or investigating a terrorist incident using nuclear, biological, or chemical agents. A law enforcement official who receives the information shall not disclose it further, except (i) when necessary to enforce this Article or Article 22 of this Chapter, or when necessary to conduct an investigation of a terrorist incident using nuclear, biological, or chemical agents, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;
- (8) Release is made by the Department or a local health department to another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition;
- (9) Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;
- (10) Release is made pursuant to G.S. 130A-144(b); or
- (11) Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS. (1983, c. 891, s. 2; 1987, c. 782, s. 13; 2002-179, s. 7; 2011-314, s. 4.)

Please know that your signature here acknowledges that you have received the opportunity to review and obtain a copy of Peaceful Soul Counseling and Group Therapy Disclosure of Confidentiality

Client Signature _____ **Date** _____

Parent/Guardian/Personal Representative Signature (If applicable)

_____ **Date** _____

If signing here, please note relationship to client _____



By Signing here, I attest that I was offered a copy of this signed form

If Client Refuses to Acknowledge Receipt of above, please note here: _____

Staff Signature _____ **Date** _____