

Health Insurance Portability and Accountability Act (HPAA)

NOTICE OF PRIVACY PRACTICES

Breathe Wellness Counseling

Effective Date: April 1, 2019

Responsibilities:

Breathe Wellness Counseling is required by law to protect the privacy of your health information. We are required to inform you of our legal duties and privacy practices regarding your health information through this *Notice*. Any changes will be posted in our office and available to you upon request. Breathe Wellness Counseling will retain you/or your children's clinical files for a time period specified by state law. You have the right to view those files in the presence of your counselor and may take notes and ask questions. If at any time, you have questions or concerns about our privacy policies, procedures, and practices, you may contact us.

Use and Disclosure of Health Information WITHOUT Your Authorization:

Treatment: Breathe Wellness Counseling may disclose your protected health information to provide, coordinate, or manage your health care. This includes coordination or management of your health care with a third party. For example, we may disclose your protected health information to a physician to whom you have been referred, to ensure that physician has the necessary information to diagnose or treat you.

Payment for Services:

Your protected health information will be used, as needed, to obtain payment for your services.

Health Care Options:

Breathe Wellness Counseling may disclose your health information to perform business activities. These activities include but are not limited to: evaluation of the quality of your treatment; evaluation of the performance of your counselor; cooperate with outside organizations that review and determine the quality of care; provide information to organizations that evaluate or license health care providers; or resolve grievances within our agency.

Other Circumstances:

Breathe Wellness Counseling may disclose your health information for those circumstances that are considered so important that your authorization may not be required. Prior to disclosing, we will evaluate each request to ensure that only necessary information be disclosed. Those disclosures include but are not limited to: require by law; for public health activities, for example if you have a communicable disease and we have reason to believe you pose a risk to public health due to noncompliance of treatment; protection of a child or disabled adult from abuse or neglect; when ordered by court; as an attempt to prevent your suicide or assault on another person; related to specialized government activities such as national security; or for worker's compensation in cases before the Industrial Commission.

Contacting You:

Breathe Wellness Counseling may use your health information to contact you to: remind you of upcoming appointments; or make you aware of alternative treatment services, products or health care providers that may be of interest to you.

Disclosure of Your Health Information WITH Your Authorization

For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested. You may request at any time that your authorization be cancelled by informing us. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled it are legal and binding.

If you are a minor whose parent or guardian has consented to your treatment for emotional health, your parent must authorize disclosure of your health information. If you are a minor whose parent or guardian has consented to treatment for substance abuse, both you and your parent or guardian must authorize disclosure of your health information.

Your Rights Regarding Your Health Information

You have the right to receive a copy of this *Notice* at your first treatment encounter with Breathe Wellness Counseling, and you will be asked to sign an acknowledgement that you have received it.

Right to request different ways to communicate with you:

You have the right to request to be contacted at a different location or by a different method. We will agree with your request as long as it is reasonable to do so, and the request is made in writing.

Right to request to see and copy your health information:

You have the right to request to see and receive a copy of your health information. Your request must be in writing. You can expect a response to your request within 30 business days. If approved, you may be charged a fee to cover the cost of the copy. Instead of providing you with a full copy, we may give you a summary if you agree in advance to that format. We may deny your request under certain circumstances. If we do, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial.

Right to request amendment of your health information:

If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to us and explain your reasons for the amendment. We must respond to your request within 30 business days of receiving your request. If we accept your request to change your health information, we will add your amendment but will not destroy the original record. If we deny your request, we will explain to you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial.

Right to request restrictions on uses and disclosures of your health information:

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and health care operations. You also have the right to request a limit on the health information we disclose about you to your next of kin or someone who is involved in your care. We will only release if you have presently consented.

VIOLATIONS/COMPLAINTS

If you believe we have violated your privacy rights, you may contact us at:

Michelle Stroebel

Breathe Wellness Counseling

10A Falls Avenue, Suite 17

Granite Falls, NC 28630

828-610-5118

Or you can contact:

Complaint Intake Unit:

2711 Mail Service Center
Raleigh, NC 27699-2711

Voice Phone: 1-800-624-3004 **FAX:** 919-715-7724

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Voice Phone: 1-800-836-11019 **TDD:** 1-800-537-7697

If you file a complaint, it will not change the quality of health care services we provide to you in any way.