

# Please read and sign on the back page

Allied Psychological Services  
875 Walnut Street, Suite 220  
Cary, NC 27511  
(919)467-1180

## HIPAA Privacy Notice

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 and sign on the back page.**

### **Your Rights: You have the right to:**

- Get a copy of your health and claims records: *You can ask to see or get a copy of your health and claims records and other health information we have about you. We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.*
- Correct your health and claims records: *You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you in writing within 60 days.*
- Request confidential communication: *You can ask us to contact you in a specific way or to send mail to a different address. We will consider all reasonable requests and must say “yes: if you tell us you would be in danger if you did not.*
- Ask us to limit the information we share: *You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.*
- Get a list of those with whom we have shared your information: *You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as ones you asked us to make). We will provide one accounting per year for no cost but will charge a cost-based fee if you ask for another one within 12 months.*
- Get a copy of this privacy notice: *You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly.*
- Choose someone to act for you: *If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.*
- File a complaint if you believe your privacy rights have been violated: *You can complain if you feel we have violated your rights by contacting us using the information on page 1. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will **not** retaliate against you for filing a complaint.*

### **Your Choices: You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

In each of these cases, you have both the right and choice to tell us to: *Share information with your family, close friends, or others involved in payment for your care. Or, share information in a disaster relief situation. If you are unable to tell us your preference (ex. Unconscious) we may go ahead and share your information if we think it is in your best interest.*

In each of these cases, we may never share your information for: *Marketing purposes or sale of your information*

**Our Uses and Disclosures: We may use and share your information as we:**

- Help manage the health care treatment you receive: *We can use your health information and share it with professionals who are treating you.*
- Run our organization: *We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you the coverage and the price of that coverage. This does not apply to long term care.*
- Pay for your health services: *We can use and disclose your health information as we pay for your health services.*
- Administer your health services: *We may disclose your health information to your health plan sponsor for plan administration.*
- Help with public health and safety issues: *We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.*
- Do research: *We can use or share your information for health research*
- Comply with the law: *We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.*
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director: *We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director in the event of death.*
- Address workers’ compensation, law enforcement, and other government requests: *We can use or share health information about you: for workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.*
- Respond to lawsuits and legal actions: *We can share health information about you in response to a court or administrative order, or in response to a subpoena.*

**Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Changes to the terms of this notice:**

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notices will be available upon request, on our website, and we will mail a copy to you.

**The Notice of Privacy applies to Allied Psychological Services**

**Please read and endorse the following with your initials:**

\_\_\_\_\_ **(Initials)** We understand and agree that if we choose to use either email or texting to communicate with Allied Psychological Services that such is not encrypted, is not secure and not confidential. We will assume the risk of exposure on the internet if we do.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_