

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/. 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

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.

TeleMental Health Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional.

TeleMental Health is a relatively new concept even though many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. We have developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

Video Conferencing (VC):

Video Conferencing is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize the Doxy.me platform. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.me is willing to attest to HIPAA compliance and

assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely .We strongly suggestthat you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Email:

We utilize a secure email platform that is hosted by Hushmail. We have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize emailing as part of your treatment, you should use our secure Hushmail contact portal at the bottom of our website page at carycounseling.net/contact . You should not use a non-encrypted email platform. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Email is billed at your therapist's hourly rate for the time she or he spends reading and responding to them. If you are in a crisis, please do not communicate this to us via email because we may not see it in a timely matter. Instead, please telephone our main number 919 467 1180 and ask for your therapist to be paged. Finally, you also need to know that we are required to keep a copy or summary of all email as part of your clinical record that addressanything related to therapy.

Electronic Filing of Insurance

Our center has the capacity to file health insurance for you using secure encrypted technology. To do this we have contracted with Availity and have a BAA (Business Associates Agreement) to protect your PHI (Private Health Information) while it is transmitted and until it is received by your insurance company. In most cases, your insurance company will reimburse you directly. In rare cases in which we have a contract with the insurance company or if the insurance company decides on its own to pay us directly, your insurance reimbursements will be applied directly to your account.

Electronic Transfer of PHI for Certain Credit Card Transactions:

We utilize NexTrust as the company that processes your credit card information. This company may send the credit cardholder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your requestat the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit cardholder has the automatic receipt notification set up in order to maintain your confidentiality if you do not wanta receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit- card bill. The name on the charge will appear as Cary Counseling Center.

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

_____ **(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:** _____

