

DEPTH TO GROWTH, PLLC

NOTICE OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW INFORMATION GATHERED BY DEPTH TO GROWTH, PLLC ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTHCARE RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, your record will contain your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, is referred to as your medical record, and serves:

- as a basis for planning your healthcare and treatment,
- a means of communicating with other healthcare providers who participate in your care,
- a legal document describing your care as a means for you or a third-party payer can verify that the services we billed were actually provided,
- a tool in educating healthcare professionals,
- a source of data for medical research, a source of information for public health officials charged with improving the health of the nation, a source of data for Practice planning and marketing, a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your healthcare information is used, helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your healthcare information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTHCARE INFORMATION RIGHTS

Although your medical record is the physical property of the Practice, or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. You have the right to obtain a paper copy of the notice of information practices upon request, inspect, and under certain circumstances obtain a copy of your medical record, obtain an accounting of disclosures of your healthcare information, request communications of your healthcare information by alternative means or at alternative locations. You have the right to request an amendment to your healthcare information, and to revoke your authorization to use or disclose healthcare information, except to the extent that action has already been taken.

OUR RESPONSIBILITIES

The Practice is required by law to maintain the privacy of your healthcare information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate

healthcare information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected healthcare information we maintain. Should our information practices change, we will mail a revised notice to at the address you have supplied us. We will not use or disclose your healthcare information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact Jacob Long, MEd., LCMHC, NCC at (919) 417-9211. If you believe your privacy rights have been violated, you are encouraged to discuss the issue with Jacob Long, MEd., LCMHC, NCC. You can also file a complaint with the North Carolina Board of Licensed Clinical Mental Health Counselors or the National Board of Certified Counselors. Depth to Growth, PLLC will not retaliate against you for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We will use your healthcare information for treatment. For example, information is obtained by nurse, physician, or other member of your healthcare team it will be recorded in your record and used to determine the course of treatment that should work best for you. In the event that you leave Depth to Growth, PLLC, the practice will, upon your request, provide a subsequent psychotherapist or healthcare provider with copies of various records that should assist him or her in treating you.

We will use your healthcare information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis.

Business Associates. There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and a copy service we use when making copies of your medical record. When these services are contracted, we may disclose your healthcare information to our business associate so that they can perform the job we ask them to do and bill you or your third-party payer for services rendered. To protect your healthcare information, however, we require the business associate to appropriately safeguard your information.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communications with family. Psychotherapists, using their best judgement may disclose, with your consent, to a family member, other relative, close personal friends or any other person you identify, healthcare information relevant to that person's involvement in your care or payment related to your care.

Marketing. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers Compensation. We may disclose healthcare information to the extent authorized by law and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your healthcare information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof healthcare information necessary for your health and the health and safety of other individuals.

Law Enforcement. We may disclose healthcare information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your healthcare information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

SIGNATURE:

Date: _____

Signature: _____

(Circle one: Patient or Legal Guardian)