

Privacy Notice

HIPAA NOTICE of Practices to Protect the Privacy of Your Health Information

BALANCE INTEGRATIVE CARE, PLLC IS REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION.

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations with Consent

Balance Integrative Care, PLLC may use or disclose your protected health information (PHI) for treatment, payment, and health care operations with your consent. Consent is given when you agree to engage in treatment and verify with your signature that you have read and understand these privacy and disclosure practices. To help clarify terms included in this notice, the following are pertinent definitions:

- “PHI” refers to information in your health record that may identify you
- “Use” applies to activities within Balance Integrative Care, PLLC, such as sharing, applying, utilizing, examining, and analyzing information that identifies you
- “Disclosure” applies to activities outside of Balance Integrative Care, PLLC, such as providing access to information about you to other parties
- “Treatment, Payment and Health Care Operations”
 - “Treatment” includes services provided, coordinated, managed by Balance Integrative Care, PLLC and other services related to your healthcare. (An example of disclosure for treatment includes consultation with another healthcare provider.)
 - “Payment” refers to reimbursement for your healthcare. (An example of disclosure for payment includes sharing your PHI with your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.)
 - “Health Care Operations” are activities that relate to the operation of Balance Integrative Care, PLLC. (An example of disclosure for health care operations may include quality assessment and improvement activities, such as service audits.)

II. Uses and Disclosure Requiring Authorization

Balance Integrative Care, PLLC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In instances when requests for information occur for purposes beyond treatment, payment, and health care operations, Balance Integrative Care, PLLC will obtain an authorization from you prior to releasing identifying information and/or information regarding your treatment.

You may revoke all such authorizations (of PHI or treatment notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Balance Integrative Care, PLLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Balance Integrative Care, PLLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child abuse:** If you give Balance Integrative Care, PLLC information which leads to suspicion of child abuse, neglect, or death due to maltreatment, Balance Integrative Care, PLLC is legally required to report such information to the county Department of Social Services. If asked by the Director of Social Services to release information from your records relevant to a child protective services investigation, Balance Integrative Care, PLLC must comply.
- **Adult and Domestic Abuse:** If information you give Balance Integrative Care, PLLC gives reasonable cause to believe that a disabled adult is in need of protective services, Balance Integrative Care, PLLC is legally required to report this to the Director of Social Services.

- **Health Oversight:** The North Carolina Social Work Certification and Licensure Board has the power, when necessary, to subpoena relevant records should Balance Integrative Care, PLLC be the focus of an inquiry
- **Judicial or Administrative Proceeding:** If you are involved in a court proceeding, and a court order is made for information about the professional services that Balance Integrative Care, PLLC has provided you and/or the associated records, Balance Integrative Care, PLLC is legally required to submit this information.
- **Serious threat to Health or Safety:** Balance Integrative Care, PLLC may disclose your confidential information to protect you or others from a serious threat of harm by you.
- **Workers Compensation:** If you file a workers' compensation claim, Balance Integrative Care, PLLC is required by law to provide to your employer and the North Carolina Industrial Commission your mental health treatment information relevant to the claim.

IV. Client's Rights and Practitioner's Duties

Client's Rights:

- *Right to Request Restrictions* – You have the right to request restriction on certain uses and disclosures of protected health information about you. However, Balance Integrative Care, PLLC is not required to agree to a restriction you request.
- *Right to Receive Confidential Communication by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, Balance Integrative Care, PLLC, may send correspondence to an address other than the client's home.)
- *Right to Inspect and Copy* – You have a right to inspect and/or obtain a copy of PHI in your records. Balance Integrative Care, PLLC may deny your access to PHI under certain circumstances.
- *Right to Amend* – You have the right to request an amendment of PHI. Balance Integrative Care, PLLC may deny your request.
- *Right to an Accounting* – You generally have the right to receive an accounting of any disclosures of PHI for which you have or have not provided consent and/or authorization (as described in Section III of this Notice). On your request, Balance Integrative Care, PLLC will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from Balance Integrative Care, PLLC upon request.

Practitioner's Duties

- Balance Integrative Care, PLLC is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Balance Integrative Care, PLLC reserves the right to change the privacy policies and practices described in this notice. Balance Integrative Care, PLLC must notify you in writing of such changes.

V. Complaints

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights: www.hhs.gov/ocr.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on January, 10, 2010.

Balance Integrative Care, PLLC will notify you in writing of changes to the privacy policies and practices described in this notice.

HIPAA Notice 2/05

Please take this page with you for your records.