



219 S. East Street, Suite A & B

Raleigh, NC 27601

www.pivotalbreakthroughcounseling.com

T:919-418-1613 • F: 919-262-0866

NOTICE OF PRIVACY PRACTICES

Pivotal Breakthrough Counseling Services, PLLC

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE

REVIEW IT CAREFULLY.

OUR LEGAL DUTY

Your health record contains personal information about you and your health. This information about you, that may identify you and that relates to your past, present or future, physical, and/or mental health, condition, and/or related healthcare services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA) regulations, and the National Association of Social Workers Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

HIPAA regulations divide your records into the 2 categories of PHI, as described above, and Psychotherapy Notes which contain more detailed documentation and analysis of your sessions and are kept separate from your PHI. Psychotherapy notes are not accessible to insurance companies or other third-party reviewers or to the clients themselves. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI.

I am required to abide by the terms of this Notice of Privacy Practices, and I reserve the right to alter the Terms of the Notice of Privacy Practices at any time. Any change to this notice will be effective for all PHI that I maintain at that time. A revised copy of the Notice of Privacy Practices will be provided to you at your next appointment and can be requested at any time.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

For Treatment: Your PHI may be used or disclosed for the purpose of those involved in your care. This includes those that coordinate or manage your health care or related services and treatments, including referrals and consultations regarding your treatment with other health care providers.

For Payment: I may use and disclose PHI obtain payment for services or treatment provided to you. This will only be completed with your authorization. Payment activities include eligibility or coverage for insurance purposes, claims processed through your insurance company, services deemed as necessary to determine medical necessity, or during the undertaking of utilization



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review management. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

Healthcare Operations: I may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Without Authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization in a limited number of other situations. As a licensed clinical mental health counselor- associate, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the ACA Code of Ethics and HIPAA.

1. **Child Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

2. **Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

3. **Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care, or payment for care, prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

4. **Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

5. **Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

6. **Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent).

7. **Law Enforcement.** I may disclose PHI to a law enforcement official in compliance with civil



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legal proceedings and in response to a specific court order as a result of a legal matter.

8. Specialized Government Functions. I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

9. Public Health. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

10. Public Safety. I may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclose

With Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give me written authorization to use PHI to disclose it to anyone for any purpose. If you provide authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless written authorization is provided, I cannot use or disclose your PHI for any reason except those described in this notice.

Appointment Reminders: I may use or disclose your PHI to provide you with appointment reminders (such as voicemail message or email).

Required by Law: Under the law, I must disclose your PHI to you upon your request. This is a requirement of the law which includes disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

YOUR RIGHTS REGARDING YOUR PHI

Rights of Access to Inspect and Copy: You have the right to look at or get copies of your PHI, with limited exceptions. You may request copies in a format other than photocopies that are practical. You may request access by sending me a letter to the address at the end of this Notice. I will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person

Rights to Amend: You have the right to request that I amend your health information. (your



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request must be in writing and must explain why the information should be amended.) We may deny your request under certain circumstances.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that I make of your PHI. This will be released after receiving the specified payment. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Rights to Request Restriction: You have the right to request that I place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Right to Request Alternative Communication: You have the right to request communication regarding your PHI alternative means or alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Rights to Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form.

COMPLAINTS

If you believe a Licensed Clinical Mental Health Counselor has violated your privacy rights, you have the right to file a complaint in writing with Shanice Stephenson, LCMHCA, LCAS-A, P.O. BOX #1555, Clayton, NC 27528 Or via phone at 919-418-1613. This may be submitted via Certified Mail. You may also submit a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling: 202.619.0257, or with the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) / complaints by visiting the ncblpc.org website and filing a complaint electronically. I will not retaliate against you for filing a complaint. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.