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Create A Healthy Mind

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Notice of Privacy Practices

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

PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE YOU SIGN CONSENT FOR TREATMENT FORM

Your health record contains personal information about you and your health. This information contains identifying data as well as information that relates to your past, present and future physical and or mental health. This information is herein referred to as 'Protected Health Information' or 'PHI'. This Notice of Privacy Practices describes how I, as your mental health provider, may use and disclose your PHI in accordance with applicable law and the American Psychological Association's Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and practices with respect to this information. I am required to abide by the terms of this Notice of Privacy Practices and reserve the right to change the terms of this notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing a copy to you at your next scheduled appointment.

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HOW I MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

For Treatment:

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other health care providers who are entreated with your care. I may disclose to any other provider or consultant only with your authorization.

For Payment:

I may use and disclose PHI so that I can receive payment for the treatment services that I provide to you. This will again, only be done with your authorization. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing insurance claims, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use a collection company due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations:

I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g. billing or typing services), providing I have established a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization. If I ever use your case as an example, your identifying data will be completely concealed. I may also use PHI to remind you of appointments and to provide information about treatment alternatives or other health related benefits and services.

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Required by Law:

Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Welfare for the purposes of investigating or determining my compliance with the requirements of the Privacy Rule.

Without Authorization:

Applicable law and ethical standards permit me to disclose information about you without your authorization in a limited number of situations, including:

1. To your next of kin, limited to the fact of your admission to or discharge from a medical facility.
2. To other facilities or providers when necessary to coordinate appropriate and effective care, treatment, or habitation and when failure to share the information would be detrimental to you.
3. When it is deemed 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 disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
4. When required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government

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5. Agency audits or investigations (such as the Psychology Licensing Board or the Health Department).
6. When required by a Court Order
7. To an attorney that represents me in a legal case involving your care.

Verbal Permission:

I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that I maintain about you. To exercise any of these rights, please submit your request in writing.

1. Right of Access to Inspect and Copy:

You have the right, which may be restricted in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause you serious harm. I may charge a reasonable, cost-based fee for any copies made of your records.

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2. **Right to Amend:**

If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

3. **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. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

4. **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not legally required to agree to your request.

5. **Right to Request Confidential Communication:**

You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.

6. **Right to a copy of this Notice:**

You have the right to a copy of this notice.

COMPLAINTS REGARDING PRIVACY PRACTICES

If you believe that I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S. W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint against my practice or me

**THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 12, 2003,
REVISED ON JULY 31, 2007**