



8360 Six Forks Road, Suite 103, Raleigh, NC 27615 | p 919.689.4921 | f 919.289.1412 | www.northviewpsych.com

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions about this notice, please contact Kimberly Bennett, MD at 8360 Six Forks Road, Suite 103, Raleigh, NC 27615 or (919) 689-4921.

Your Health Information:

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and obligations regarding the use and disclosure of that information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

A. How We May Use or Disclose Health Information About You Without Your Authorization

Treatment: We may use and disclose your health information to provide, coordinate, and manage health care and related services for you. We may disclose information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that the doctor can help determine the most appropriate treatment for you.

We may share information about you and disclose information to other health care providers in order to coordinate other services including prescriptions, lab work, medical imaging, consultations, or other relevant health services.

Payment: We may use and disclose your health information to obtain payment for services we provided to you. For example, we may need to give your health plan information about a service you received in our office so your health plan will reimburse you for the service. We may share portions of your medical information with insurance companies, health plans and their agents which provide coverage, collection departments or agencies, hospital departments that review your care to verify medical necessity, consumer reporting agencies, or third parties that may be responsible for the cost of your treatment (e.g. family members).

Healthcare Operations: We may use and disclose your health information to conduct the business activities of this office. These activities include quality assessment and improvement activities, review of the performance and qualification of employees, evaluating practitioner and provider

performance, and conducting training programs, accreditation, certification, licensing or credentialing activities. Activities may also include cooperating with outside organizations that assess the quality of care we provide including government agencies or accrediting bodies, or organizations that evaluate, certify, or license health care providers, staff or facilities. We may also share your medical information with our "business associates," such as our answering service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information.

Appointment Reminders: We may contact you to provide a reminder that you have an appointment for treatment or medical care at the office.

Family and Friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

B. Special Circumstances in Which We May Use or Disclose Health Information About You Without Your Authorization

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

If we are concerned that you may be at imminent danger to yourself, we will contact your emergency contact or appropriate authorities in order to keep you safe. This exception does not necessarily apply when people are feeling down or even having suicidal thoughts; it only applies when there is a reason to believe you are not safe in the immediate future. If we are concerned that you may be at risk to harm someone else, we may disclose information to the appropriate authorities or other relevant parties in order to maintain safety.

Required by Law: As required by federal, state, or local law, we will use and disclose your health information, but we will limit our disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative

proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure may be made for the purpose of preventing or controlling disease, injury, or disability; reporting disease or infection exposure; reporting births, deaths, suspected child, elder, or dependent abuse or neglect, or domestic violence; non-accidental physical injuries, reactions to medications or problems with products to the Food and Drug Administration. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law including investigations, inspections, audits, surveys, licensure and other proceedings, subject to the limitations imposed by law. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a discovery request, court order, or other lawful process by another party involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements or for the purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or in an emergency to report a crime.

Deceased Patients: We may disclose health information to a medical examiner or coroner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Public Safety: We may disclose health information to appropriate persons or organizations in order to prevent or minimize a serious and imminent threat to the health or safety of a specific person or the general public.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

National Security: We may disclose your health information to federal officials for intelligence and national security activities authorized by law.

Inmates: We may disclose your health information, under certain circumstances, to a correctional institution or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information and records will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

C. Other Uses and Disclosures of PHI

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment,

payment or health care operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records.

D. Your Rights Regarding Health Information about You

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to Kimberly Bennett, MD.

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to Kimberly Bennett, MD in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. Under these circumstances, we will respond to you in writing, stating why the request will not be granted and describing any rights you have to request a review of the denial.

Right to Request Amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Kimberly Bennett, MD. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

Right to Request an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Kimberly Bennett, MD. It must state a time period, which may not be longer than six years from the date of disclosure. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication to Kimberly Bennett, MD. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Receive a Copy of this Notice: You have the right to receive a paper copy of our Notice of Privacy Practices at any time upon request. We will provide a copy of this Notice for your review on the date you first receive service from us after this Notice's effective date.

E. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. A copy of the current notice will be posted on our website at www.northviewpsych.com.

F. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint, in writing, with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Kimberly Bennett, MD at 8360 Six Forks Road, Suite 103 Raleigh, NC 27615 or (919) 689-4912. You will not be penalized for filing a complaint.

This notice was published and becomes effective on September 24, 2018.