

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 CAREFULLY.

WE ARE COMMITTED TO PROTECTING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal and private. We are committed to protecting your privacy and your health information. We are required by law to:

- Make sure that your protected health information (PHI) is kept private. We will protect PHI we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- Give you this Notice explaining our legal duties and privacy practices with respect to your PHI.
- Follow the terms of the Notice currently in effect and only use and/or disclose PHI as we have described in this Notice.

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain. If we do so, we will provide you with the new Notice by:

- Posting the revised Notice in our offices;
- Making copies of the revised Notice available upon request

This Notice tells you about the ways we may use and disclose your PHI, as well as gives you some examples. We also describe your rights and our obligations for the use and disclosure of your PHI.

WHO WILL FOLLOW THIS NOTICE

This Notice applies to all records containing your PHI which are generated by Life & Wellness Counseling and Consulting. It also applies to any health care professional authorized to enter information in your Life & Wellness Counseling and Consulting medical record, including therapists on the clinical staff, all other employees, volunteers, and other personnel.

WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

1. For treatment, we may use and share your health information to provide, coordinate, or manage your health care and related services, both among our own clinicians, and with others involved in your care.
2. To obtain payment for services. Generally, we may use and give your medical information to others to bill and collect payment for the treatment of services we provide to you. Before you receive scheduled services, we may share information about these services with your health plan for pre-approval of services. We may also share portions of your medical information with our billing department and collection department, insurance companies, health plans and their agents which provide you coverage; consumer reporting agencies (e.g. credit bureaus).
3. To remind you about your appointment. We may use and disclose your PHI to remind you about an appointment you have fore treatment or medical care.
4. To give you information about treatment alternatives, services, products or other health care benefits.

We may use and disclose your PHI to manage or coordinate your health care. This may include telling you about treatment alternatives, services, products or other health care benefits that may be of interest to you.

5. Disclosures to others involved in your care or payment for that care. We may share with a family member, personal representatives or other person identified by you, your PHI which is directly related to that person's involvement in your care or payment for your care.
6. To our business associates. We sometimes hire other people to help us perform our services or operate our practice. We may share your health information with them so they can perform the job we have asked them to do. For example, we might use a billing agent for claims processing. When we do this, we require the business associate to protect your health information and keep it confidential.
7. When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local

law, or by a judicial or administrative proceeding.

8. When the use and/or disclosure is necessary for public health activities. We may disclose your PHI to the health department if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading ad disease or condition.

9. When the disclosure relates to victims of abuse or neglect. We are required to report suspected child/elder abuse and/or neglect.

10. When the disclosure is for judicial and administrative proceedings. We may disclose your PHI in response to an order of a court or administrative tribunal, including a subpoena, court order or a warrant.

11. When the use and/or disclosure is to avert or lessen a serious and imminent threat to health or safety. For example, if you threaten to kill someone while you are in our care, we can notify the proper parties to protect the potential victim.

12. When the use and/or disclosure relates to worker's compensation. For example, we may disclose your PHI as required by law to provide benefits for work-related injuries.

ANY OTHER USE OR DISCLOSURE OF YOUR PHI REQUIRES YOUR AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose your PHI in a specific situation, you can later cancel your authorization in writing by contacting the person listed at the beginning of this Notice. If you cancel your authorization in writing, we will not disclose your PHI after we receive your cancellation, except for disclosures being processed before we received your cancellation.

YOU HAVE CERTAIN RIGHTS

1. You have the right to request restrictions on uses and disclosures of your PHI.
2. You have the right to request that we communicate with you in different ways.
3. You have the right to see and copy PHI about you.
4. You have the right to request amendment of your PHI.
5. You have the right to a listing of disclosures we have made.
6. You have the right to a paper copy of this notice.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you may send a written statement of your complaint to the address listed on the front of this Notice or call (704) 910-2055. You may also send a written complaint to the US Secretary of the Department of Health and Human Services at Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909 or call them at 1-877-696-6775.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

North Carolina Law

Some North Carolina laws give you additional protection and rights over federal laws and we will follow them whenever they apply. A few examples of North Carolina law are:

North Carolina protects your discussions with a mental health provider about your mental health treatment.

Any request by you for treatment and rehabilitation for drug dependence will be treated as confidential, even if we refer you to someone else.

In general, you must consent before we disclose information about your mental health, developmental disabilities, or substance abuse services. However, we can disclose this information without your consent to help us care for you, for our health care operations, for your emergency care, and to others when necessary to coordinate your care. We are also allowed, and sometimes required, to disclose you information in the same situations which do not require your authorization. If we believe it is in your best interest, we may disclose your information to start a guardianship or involuntary commitment proceeding. We can disclose to your next of kin when you are admitted or discharged form a mental health, developmental disabilities, or substance abuse facility, if we believe it is in your best interest, but only if you do not object.

If you are a minor, you have the right to consent to certain treatments without consent of your parent or guardian: (1) for pregnancy, (2) for abuse of controlled substances or alcohol; and (3) emotional disturbance. North Carolina has certain requirements for parental or guardian consent for abortions.