

KATHY B. SPURLOCK, LPC  
5842 FARINGDON Place, RALEIGH, NC 27604  
523 E. WAIT AVE. WAKE FOREST, NC 27587

## **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.

### **PART 1 – YOUR RIGHTS**

- You have the right to request limits on the way we use or disclose your health information. A request for copies of information must be made in writing. We try to honor reasonable requests.
- You have the right to request how we provide confidential communications to you, for example, by mail (home or work site), email, or telephone.
- In **most** cases you have the right to look at or get copies of your records. You must make this request in writing. We may charge a reasonable fee based on copying and administrative costs. In certain situations, we may deny your request and will tell you the reason for the denial. You have the right to request a review of all such denials.
- You have the right to request a correction or an update of your records. You must make the request in writing and provide a reason for your request. In certain cases we may deny this request, which is provided in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your personal information.
- You have the right to obtain a list of persons or agencies to which your records were sent after April 14, 2003. You must make this request in writing.
- You have the right to withdraw your permission for us to release your information. If you sign an authorization to use or disclose information, you can revoke that authorization at any time. The revocation must be made in writing.

### **PART 2 – COUNSELOR RESPONSIBILITIES**

We are required by law to provide you with our Notice of Privacy practices. Under Health Insurance Portability and Accountability Act of 1996 (HIPAA), we must protect the privacy of your “protected health information of III is information that we have created or received regarding your health or payment for your health care. It includes both your medical records and personal information such as your name, social security number, address, and phone number. We are required to:

- Keep your protected health information private exact as indicated below
- Follow the terms of the Notice currently in effect
- Give this Notice to you.

We reserve the right to change our practices regarding the protected health information we maintain. If we make any changes, we will update our Notice and make it available to you.

### **PART 3 - HOW COUNSELOR MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Here are some examples of how we may use or disclose your personal health information without your authorization:

KATHY B. SPURLOCK, LPC  
5842 FARINGDON Place, RALEIGH, NC 27604  
523 E. WAIT AVE. WAKE FOREST, NC 27587

- We may use medical information about you to provide you with needed medical and/or mental health services or treatment. We may disclose medical information about you to doctors, nurses or other healthcare professionals involved in your care.
  - We may disclose information to other professionals providing your health and mental health care. For example, we may need to tell another mental health professional about your medical conditions if we refer you to another practitioner.
  - We may disclose information to health insurance companies to request payment or to obtain authorization from your health insurance plan. I contract billing services to a professional biller.
  - We may use or disclose health information in order to manage our business activities.
  - We may use or disclose health information to notify or assist others in notifying a family member, your personal representative or other personal responsible for your care, of your location or general condition. If you are present, we will provide you with an opportunity to object to such disclosures prior to use or disclosure of the information. In the event you become incapacitated or have a medical emergency, we will disclose your health information based on our professional judgment that the disclosure is directly relevant to that person's involvement in your healthcare.
  - We may use and disclose medical information to contact you by telephone, email, or by mail as a reminder that you have an appointment for treatment.
- 
- **For abuse reports and investigations:** We may use and disclose information regarding suspected cases of abuse, neglect or domestic violence, when the law so requires.
  - **To avoid serious threat to health or safety:** We may use and disclose protected health information when we believe it necessary to avoid a serious threat to the health or safety of a person or the general public.
  - **As required by law:** We may use and disclose protected health information when required by federal or state laws.

**Other uses and disclosures require your written authorization.** Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization. You may revoke your authorization to use or disclose protected health information at any time with written notice. The revocation will not affect uses or disclosures that have already been made.

#### PART 4 - HOW YOU MAY ASK FOR HELP OR COMPLAIN

You may request a copy of this Notice at any time. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing such a complaint.