



Notice of Policies and Practices to Protect the Privacy of Your Health Information

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.

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. This notice will also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Your health information is personal. We are committed to protecting your health information. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office whether made by your therapist or one of the office's employees.

1. **PURPOSE:** Self-Talk Counseling & Consulting, PLLC (STC&C) and its professional staff, employees, and trainees follow the privacy practices described in this Notice. Self-Talk Counseling & Consulting, PLLC keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in your treatment and employees involved in the health care operations of the agency have access to your records.
2. **WHAT ARE TREATMENT and HEALTH CARE OPERATIONS?** Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a STC&C physician (psychiatrist) and a STC&C counselor, they may share information in the process of coordinating your care. Treatment records may be reviewed as part an on-going process directed toward assuring the quality of STC&C operations. Staff members designated by the Quality Assurance Committee may access clinical records periodically to verify that STC&C standards are met.
3. **HOW WILL Self-Talk Counseling & Consulting, PLLC USE MY PROTECTED HEALTH INFORMATION (PHI)?**

Your personal mental health record will be retained by Self-Talk Counseling & Consulting, PLLC for at least seven years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy.

Self-Talk Counseling & Consulting, PLLC
2925 E. Independence. Blvd
Suite# 205
Charlotte, NC 28205

Office:980-285-3689-**Fax:**866-313-6091-**Email:**Info@selftalkcounseling.com



- a. Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes: Appointment reminders;
- b. Notification when an appointment is cancelled or rescheduled by the Center;
- c. As may be required by law;
- d. For public health purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law);
- e. Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of STC&C;
- f. Lawsuits and disputes (We will attempt to provide you advance notice of subpoena before disclosing information from your record.);
- g. Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the Counseling Center; when emergency circumstances occur relating to a crime;
- h. To prevent a serious threat to health or safety;
- i. To carry out treatment and health care operations functions through medical transcription services;
- j. To military command authorities if you are a member of the armed forces or a member of a foreign military authority;
- k. National security and intelligence activities;
- l. Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- m. To support the operations and functioning of STC&C. All business associates (e.g., electronic health record vendor) connected to STC&C are obligated to protect the privacy and security of your PHI and may not use or disclose your PHI other than as specified in our agreements with them.
- n. Alcohol and drug abuse information has special privacy protections. STC&C will not disclose any mental health or medical information relating to a client's substance abuse

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treatment unless: (i) the client consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing the STC&C to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI).** You have the following rights regarding your health information, provided that you make a written request to invoke the right to the Counseling and Mental Health Center.
 - a. Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
 - b. Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by Counseling and Mental Health Center. Self-Talk Counseling & Consulting, PLLC will comply with the outcome of the review.
 - c. Right to an electronic copy of mental health records. If your PHI is maintained in an electronic format (known as an electronic health record), you have the right to request that an electronic copy of your record be given to you or another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that form or format. If it is not readily producible in the form or

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format you request, your record will be provided in either our standard electronic format, or, if you do not want this format, as a readable hard copy. We may charge a fee for transmitting the electronic health record.

- d. Right to request a clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. Self-Talk Counseling & Consulting, PLLC is not required to accept the information that you propose.
- e. Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations. Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured PHI.
- f. Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

6.

REQUIREMENTS REGARDING THIS NOTICE.

Self-Talk Counseling & Consulting, PLLC is required to provide you with this Notice that governs our privacy practices. Self-Talk Counseling & Consulting, PLLC may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come in to Self-Talk Counseling & Consulting, PLLC for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

7. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the:

North Carolina Board of Licensed Professional Counselors

P.O. Box 77819 Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

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E-mail: Complaints@ncblpc.org

Contact: Call Self-Talk Counseling & Consulting, PLLC and ask to speak with the Clinical Services Director at 980.285.3689 if:

- you have a complaint;
- you have any questions about this notice
- you wish to request restrictions on uses and disclosure for health care treatment or operations; or
- you wish to obtain any of the forms mentioned to exercise your individual rights described above.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on January 1, 2017. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we revise our policies and procedures, we will post a copy of any revised Notice in this office.

Other uses and disclosures of your PHI not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. Be aware that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of care that we provide to you.

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ACKNOWLEDGMENT

By signing below, I acknowledge that I have received a copy of this office's Notice of Privacy Practices form.

Client/Parent/Guardian Signature

Date

Refusal to Sign Acknowledgment

Therapist/Patient Name

Date

Initials _____

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