

**PRIVACY NOTICE**  
**The Policies and Practices of Matt Case, LCMHC**  
**to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Your protected health care information (PHI) may be disclosed for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

“**PHI**” refers to information in your health records that could identify you. “**Treatment**” is the provision, coordination or management of your health care and other services related to your health care. An example of treatment would be consultation with another health care provider, such as your family physician or another psychologist. “**Payment**” is obtaining reimbursement for your health care. Examples of payment are when your health information is disclosed to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. “**Health Care Operations**” are activities that relate to the performance and operation of my practice. Examples are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination. “**Disclosure**” applies to activities outside of this practice group such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

Your health information may be used or disclosed for purposes outside of treatment, payment and health care operations only when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when information for purposes outside of treatment, payment and health care operations is requested, your authorization will be obtained before releasing the information. “Psychotherapy notes” are kept separate from the rest of your medical record. These are notes made by myself about your conversation during a private, group, joint, or family counseling session, and are given a greater degree of protection than your general record. They cannot be released on a general authorization request for your medical record.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization (1) after information has been released or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures with Neither Consent nor Authorization**

Your health information may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If you give information which leads us to suspect child abuse, neglect, or death due to maltreatment, that information must be reported to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, we must do so.
- **Adult and Domestic Abuse:** If you provide information that gives us reasonable cause to believe that a disabled adult is in need of protective services, this must be reported to the Director of Social Services.
- **Health Oversight:** The North Carolina Board of Licensed Professional Counselors has the power, when necessary, to subpoena relevant records should Matt Case become the focus of an inquiry.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a request is made for information about the professional services provided to you and/or the records thereof, such information is privileged under state law, and must not be released without your written authorization, or a court order. This privileged does not apply when you are being evaluated for a third party where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** Your confidential information may be disclosed to protect you or others from a serious threat of harm by you.
- **Workers' Compensation:** If you file a workers' compensation claim, we are required by law to provide your mental health information relevant to the claim to both your employer and the North Carolina Industrial Commission.

#### **IV. Patient's Rights and Counselor's Duties**

##### Patient's Rights:

- *Right to Request Restrictions* — You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. Your request must describe in detail the restriction you are requesting. While we make every effort to honor your request, it may not be possible.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* — You have the right to request and receive confidential communications and Protected Health Information by alternatives means and at alternative locations. (For example, you may not want a family member to know that you are seeing someone. If you request it, your bills may be sent to another address.)
- *Right to Inspect and Copy* — You have the right to inspect or obtain a copy (or both) of your health information. I may deny your access under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* — You have the right to request an amendment of PHI for as long as the PHI is maintained in the records. I may deny the request.
- *Right to Accounting* — You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this notice).
- *Right to a Paper Copy* — You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

Each of the above rights may be exercised through a written request signed by you or your representative.

##### Provider's Duties:

- *We are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI*
- *We reserve the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, the current terms apply.*
- *If policies and procedures are revised, you will be informed of these by mail of these revisions prior to any release of PHI.*

#### **V. Complaints**

You may complain to us directly, or to the Secretary of Health and Human Services about this Notice of Privacy Practices or if you believe your rights under this Notice have been violated. If you have a complaint about the services we provide to you or your child, we encourage you to bring them up with me. You also have the option of contacting the **North Carolina Board of Licensed Clinical Mental Health Counselors**, the agency that granted me my license, by calling (919) 661-0820 and/or writing them at PO Box 1369, Garner, NC, 27529. If you have received equine-assisted psychotherapy services, you can file complaints with the organization that trained me: Equine Assisted Growth and Learning Association at [www.eagala.org](http://www.eagala.org).