

## **South Point Counseling**

**32 North Main Street**

**Suite 214**

**Belmont, NC 28012**

**Phone: 704-825-9696**

**Fax: 1-866-880-8347**

### **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

**EFFECTIVE JANUARY 14, 2016**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.**

**THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US**

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#### ***What is HIPAA?***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has many provisions one of which requires health care providers to inform clients of their privacy rights with respect to their personal health information (PHI).

#### ***How Can Your Personal Health Information (PHI) Be Used and Disclosed?***

By law, South Point Counseling, LLC will protect the privacy of your medical and personal information at all times.

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#### **We MUST disclose your PHI in only two situations:**

1. To you or your personal representative when you specifically request access to, or an accounting of disclosures of, your protected health information.
2. To a governmental entity when it is undertaking a compliance investigation or review or enforcement action.

#### **We MAY disclose your PHI without your authorization for the following purposes or situations:**

1. To the individual receiving treatment (Treatment is defined as the provision, coordination, or management of health care and related services for an individual by one or more health care providers).
  2. When consultation between providers regarding a patient and referral of a patient by one provider to another is necessary.
  3. Payment involving the activities required by a health care provider to obtain payment or be reimbursed for the provision of healthcare to an individual.
  4. In situations involving abuse, neglect or domestic violence.
  5. When required by law (including statute, regulation or court order).
  6. Disclosing your PHI to a coroner for the purpose of identifying you should you die or determining cause of death.
  7. When there is a health or safety threat (e.g., to avoid serious and imminent threat to health or safety of you or someone else).
  8. For law enforcement purposes.
  9. When Workers' Compensation laws regarding work-related illnesses or injuries are necessary.
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**Written Authorization**

Except for the uses and disclosures that are described in this notice, we are not allowed to use or disclose your PHI without your written authorization. You may give us written authorization to use or disclose your PHI for any purpose. If you need to authorize us to disclose your PHI, please discuss with your therapist who will furnish you a written authorization form.

**Minor Children**

We are permitted to discuss PHI about a minor child with a parent, guardian or responsible caretaker.

**Psychotherapy Notes**

AN INDIVIDUAL'S AUTHORIZATION TO USE OR DISCLOSE PSYCHOTHERAPY NOTES MUST BE OBTAINED WITH THE FOLLOWING EXCEPTIONS:

1. The provider who originated the notes may use them for treatment.
2. The provider may use or disclose, without an individual's authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for the Department of Health and Human Services to investigate or determine the provider's compliance with the Privacy Rules, to avert serious and imminent threat to public health or safety, to a health oversight agency for the lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner as required by law.

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I have read South Point Counseling's privacy notice regarding HIPAA compliance. I understand this notice is posted in the waiting room and is available to me at any time.

Patient: \_\_\_\_\_  
(OR Legally Responsible Person/Personal Representative if Required & Relationship to Patient)

Date: \_\_\_\_\_