



#1104 5075 Morganton Rd
Suite 10C
Fayetteville, NC 28314
Phone: (910) 302-8389 Fax: (910) 900-0906

Notice of Privacy Practices

Effective 1 October 2022

This Notice described how Medical Information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your health record contains personal information about you and your health. This is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how Healing Hearts and Minds Counseling, PLLC. may use and disclose your PHI in accordance with applicable law and the ACA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Healing Hearts and Minds Counseling, PLLC. is required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. Healing Hearts and Minds Counseling, PLLC. is required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. Healing Hearts and Minds Counseling, PLLC. will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one via email.

How Healing Hearts and Minds Counseling, PLLC. may use and disclose Health Information about you:

For Treatment:

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization.



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For Payment:

I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations:

I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, licensing and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard, the privacy of your PHI. For training or teaching purposes. We may use PHI to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Required by Law:

Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization:

Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- a. Required by Law, such as the mandatory reporting of child abuse or neglect or elder abuse, or mandatory government agency audits or investigations (such as the clinical mental health counselor licensing board or the health department).



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- b. Required by Court Order.
- c. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- d. Incidental Uses and Disclosures. Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

Verbal Permission:

I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization:

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Your Rights Regarding Your PHI

You have the following rights regarding PHI maintained about you. To exercise any of these rights a written request is required.

- a. Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.



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- b. Right to Amend. If you feel that the PHI Healing Hearts and Minds Counseling, PLLC have about you is incorrect or incomplete, you may ask to amend the information although I am not required to agree to the amendment.
- c. Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12- month period.
- d. Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- e. Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- f. Right to a Copy of this Notice. You have the right to a copy of this notice.

All client records are stored in a cloud based system with bank level encryption that is HIPAA certified, encrypted, and kept secure. Here is an up to date list of all the ways your information remains secure: <https://www.simplepractice.com/security>

If you believe your privacy rights have been violated, you may file a complaint with me in writing or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by your Provider for filing a complaint.

The effective date of this Notice of Privacy Practices is 1 October 2022.



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Agreement To Enter into Counseling Services and Abide by the Fee Agreement and All Policies Herein

*(**Please initial by each statement and sign below**)*

I have read or had read to me all the information in New Client Packet. _____

I have had a chance to review and ask questions about all and any information in this New Client Packet before signing this agreement. _____

I have had all questions answered to my satisfaction prior. _____

I agree to abide by all the policies outlined herein including my full agreement to have Healing Hearts and Minds Counseling, PLLC, or my therapist subpoenaed by myself or any attorney I may employ. _____

By signing this agreement, I am consenting to treatment, understand all the benefits and risks of counseling as outlined herein. I also hereby acknowledge that I have received and reviewed the HIPAA Privacy Policy notice form mentioned herein.

Client Signature: _____ Date: ____/____/____

Provider Signature: _____ Date: ____/____/____

*Thank you for completing the Notice of Privacy Practices Form.
I look forward to working with you!
-Healing Hearts and Minds Counseling, PLLC.*