



**West Vernon Center  
Raleigh Psychological Associates  
122 West Vernon Ave  
Wake Forest, NC 27587**

## HIPAA NOTICE FORM

Policies and Practices to Protect the Privacy of Healthcare Information

### I. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to identifiable information in your health *Clinical Record*.
- “*Treatment, Payment and Health Care Operations*”
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider.
  - *Payment* is when I obtain reimbursement for your health care. Examples are when I disclose your PHI 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 of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, or analyzing any information that identifies you.
- “*Disclosure*” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.
- “*Non-clinical services,*” such as some professional services do not create a Doctor – Patient relationship or produce protected health information. For example, if you are referred for employment screening or court-ordered mental health evaluation, any information obtained will be handled in a professional manner but is not subject to HIPAA regulations. In such instances the employer or an agency is the client, even if you pay the charges. The information is controlled by the contracting client and may not be released to the examinee without contracting client’s authorization. In certain instances you may be asked to waive rights granted by HIPAA, if any, in order to meet the requirements of a court order, employer, or government agency.

### II. Uses and Disclosure Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, an health care operations only when your appropriate authorization is obtained or under other, specified conditions. An “*authorization*” is written permission above and beyond the general consent (which permits only specific disclosures). In those instances I will obtain an authorization from you before releasing this information or Psychotherapy Notes. “*Psychotherapy Notes*” are notes I may have made about your evaluation or treatment session, which I will keep separate from the rest of your clinical medical record. You may request a copy of your records at no cost to you in writing 7 business days before you anticipate needing them. These notes are given a greater degree of protection than PHI. I will only release Psychotherapy Notes with your authorization AND at my discretion, unless ordered by a judge to do so. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already relied and acted on that authorization; 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 Requiring Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Exception to Disclosure:** The exceptions to disclosures without prior authorization are fully listed and can be found on the last page of the HIPPA & Client Information Booklet located in the waiting room. They can, also, be found at [www.ncleg.net](http://www.ncleg.net) under General Statute 122C52-122C56.
- **Child Abuse:** If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such to the Department of Social Services. If asked by Social Services to turn over information from you records relevant to a child protective services investigation, I must do so.
- **Adult and Domestic Abuse:** If information you give me gives me reasonable cause to believe that a disabled adult is in need of protective services, I must report this to the Director of Social Services.
- **Health Oversight:** The North Carolina Psychology Board has the power, when necessary, to subpoena or otherwise require me to provide them with relevant records should I be 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 that I have provided you or your minor and / or for the records thereof, such information is privileged under state law, and I must not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. You will be required to pay for costs incurred by Jackelin Veloz-Jefferson, Ed.S. responding to a subpoena or order to produce PHI or copies thereof.
- **Complaints or lawsuits:** In the event an administrative, civil, or criminal complaint, allegation, or legal action is initiated against me by a patient, patient's attorney, or patient's family member or guardian, I may disclose whatever clinical information is necessary to defend against the action through consultation with an attorney and with professional colleagues and through testimony at deposition or in open court.
- **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm. If I believe you to be a danger to yourself or others I may inform your family members, a magistrate, police or others who may help keep you safe.
- **National Security:** I must disclose PHI when required for national security purposes and I may not be allowed to inform you of this disclosure if doing so can be reasonably expected to impede investigation.
- **Worker's Compensation:** If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission and any attorneys retained by parties to the matter.

#### IV. Patient's Rights and Psychologist'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. I am required to respond to any such requests you may make; however, I am not required to agree to a restriction you may request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations-* You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, if you do not want a family member to know that you are seeing me, I will send your bills to another address upon your written request.)
- *Right to Inspect and Copy-* You have the right to inspect or obtain a copy of PHI in my clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may require up to seven days notice to respond to your written request and to charge you for this administrative expenses. I may limit or deny your access to PHI under certain circumstances, but if I were to do this, in some cases you may have this decision reviewed. You are not allowed to access to Psychotherapy Notes.
- *Right to amend-* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the process.
- *Right to an 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 III of this Notice).
- *Right to a Paper Copy-* You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.
- *Right to Participate* in the development of your treatment plan.
- *Right to Treatment-* Including access to medical care and habilitation regardless of age or degree of MH-IDD/SA disability.

- *Right to be Free* from mental and physical abuse, neglect and exploitation.
- *Right to be informed* of potential risks and benefits of treatment and to consent or refuse these services.
- *Right to file a grievance of concern* if we cannot resolve these together.

IV. Patient’s Rights and Psychologist’s Duties: Psychologist’s Duties:

- Jackelin Veloz-Jefferson, Ed.S. is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Jackelin Veloz-Jefferson, Ed.S. reserves the right to change the privacy policies and practices described in this notice, and to make the provisions of the new notice effective for all PHI that the practices maintains. If we revise our policies and procedures, we will place a copy of the revised statement of policies and procedures with the date of the revision, in the waiting room labeled “current Privacy Practices.” Jackelin Veloz-Jefferson, Ed.S. is required to maintain records of adult patients for seven years following the last date of billed service, and for seven years after the last date of billed service plus three years after a minor patient reaches eighteen.

V. Complaints

Should you ever experience concerns, complaints, or grievances that you cannot resolve with your therapist, or Jackelin Veloz-Jefferson, Ed.S. within 30 days, you may contact the North Carolina Psychology Board at 895 State Farm Rd. Suite 101 Boone, North Carolina 28607. You may also send a written complaint or call directly to the Office of Disability Rights of North Carolina at 2526 Glenwood Avenue, Suite 550 Raleigh, NC 27608 or 919-856-2195. Jackelin Veloz-Jefferson, Ed.S. can provide you with the address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

You will be asked to sign Acknowledgment that you were offered a copy of this Notice at your first visit.

Signature: \_\_\_\_\_  Check if signed by an adult patient  
 Check if signed by the parent of a patient who is a minor

Date Signed: \_\_\_\_\_ If signed by parent, print parent’s name: \_\_\_\_\_

Witness: \_\_\_\_\_  
 (Adult witness’ printed name and phone number (if not signed in Jackelin Veloz-Jefferson, Ed.S. office))