

# NOTICE OF PRIVACY POLICIES FOR RHONDA L. DAVIS, MDiv, MSW, LCSW

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

**Introduction:** I am committed to protecting your health information responsibly and confidentially. This Notice of Privacy Policies describes the nature of information collected, as well as how and when it might be used or disclosed. It also describes your rights as they pertain to your health information. This notice is effective 03/14/18, and applies to all protected health information as defined by federal regulations.

## 1. Uses and Disclosures for Treatment, Payment, and Health Care Operations:

Each time you have a session with your therapist, information about your visit is recorded that is both administrative (e.g., date, charge, payment) and clinical (e.g., diagnosis, symptoms, progress). Together this information is called your protected health information (PHI). I may use or disclose your PHI for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

■ “PHI” refers to information in your health record that could identify you.

■ “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, such as your family physician or another psychologist. - Payment is when I obtain reimbursement for your health care. Examples of payment 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, and analyzing 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.

2. **Uses and Disclosures of Information:** I may use or disclose PHI for purposes outside of treatment, payment, and health care operations 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 I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already relied 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.

3. **Uses and Disclosures with Neither Consent nor Authorization:** Under the following circumstances I would be legally obligated to use or disclose PHI even without your consent or authorization.

■ **Child Abuse:** If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such information 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, 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 LCSW board has the power, when necessary, to subpoena 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 and/or 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.

■ **Serious Threat to Health or Safety:** I may disclose your confidential information to protect you or others from a serious threat of harm by you.

■ **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  
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4. **Your Health Information Rights:** Although your health record is the physical property of Rhonda L. Davis, MDiv, MSW, LCSW. You have rights regarding the information it contains. You have the right to:

■ Request Restrictions on Certain Uses and Disclosures of PHI about you, although we might not be able to agree to a restriction you request (e.g., legal obligations to disclose as noted in III above).

■ Receive Confidential Communications by Alternative Means and at Alternative Locations. For example, you may not want a family member to know that you are seeing me. Upon your request, we can send correspondence to another address.

■ Inspect or Obtain a Copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Under certain circumstances your request to access your PHI may be denied, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

■ Request an Amendment of PHI for as long as the PHI is maintained in the record. Should your request be declined, you may discuss the reasons with your therapist, as well as other steps that may be taken.

■ Obtain an Accounting of disclosures of your PHI. On your request, we will discuss with you the details of the accounting process.

■ Obtain a Paper Copy of this Notice. You may request a paper copy of this notice at any time.

My Responsibilities:

■ I am 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.

■ I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

■ If I revise our policies and procedures, I will mail a revised notice to the address you have supplied me.

5. **For More Information:** If you have questions about this notice, or your privacy rights, you may contact the practice's Privacy Officer, Rhonda L. Davis, MDiv, MSW, LCSW, 336-406-0017.

If you believe that your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with your therapist, the Privacy Officer, or the Office for Civil Rights. The address for the OCR is: Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F, HHH Building Washington, DC 20201  
VI. Effective Date This notice will go into effect on 02/20/18.