

Notice of Privacy Practices

As Required by the Privacy Regulations created as a result of
The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS INFORMATION CAREFULLY.

A. WE ARE COMMITTED TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times and you may request a copy of our most current notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Bill Barley, Ph.D.
158 Zilliox Street
Asheville, NC 28801
828-254-5094

C. WE MAY DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IHII) IN THE FOLLOWING WAYS:

*Help us save paper.
If you wish to have a copy, Please ask.*

1. **Treatment.** Our practice may use your IHII to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IHII in order to write a prescription for you, or we might disclose your IHII to a pharmacy when we order a prescription for you. Many of the people who work for our practice— including but not limited to, our clinicians—may use or disclose your IHII in order to treat you or to assist others in your treatment. Additionally, we may disclose your IHII to others who may assist in your care, such as your spouses, children, or parents. Finally, we may disclose your IHII to other health care providers for purposes related to your treatment.

2. **Payment.** Our practice may use and disclose your IHII in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and for what range of benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IHII to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IHII to bill you directly for services and items. We may disclose your IHII to other healthcare providers and entities to assist in their billing and collection efforts.

3. **Health Care Operations.** Our practice may use and disclose your IHII to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IHII to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IHII to other health care providers and entities to assist in their health care operations.

4. **Appointment Reminders.** Our practice may use and disclose your IHII to contact you and remind you of an appointment.

5. **E-mail Correspondence.** Our practice may use and disclose your IHII in correspondence with you by e-mail if you choose to use this type of correspondence. However, we can not guarantee security of any information we send to or receive from you via email.

6. **Release of Information to Family or Friends.** Our practice may release your IHII to a friend or family member who is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

7. **Disclosures Required by Law.** Our practice will use and disclose your IHII when we are required to do so by federal, state, or local law.

D. YOUR IHII MAY BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION IN CERTAIN SPECIAL CIRCUMSTANCES:

1. **Public Health Risks.** Our practice may disclose your IHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing a controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease or condition
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** Our practice may disclose your IHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your IHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** We may release IHI if asked to do so by law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal processes
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)

5. **Research.** Our practice may use and disclose your IHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IHI for research purposes except

when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to a third party or entity (except as required by law) for authorized oversight of the research study, or for other research for which use or disclosure would otherwise be permitted; (ii) The research could not practicably be conducted without the waiver; and (iii) The research could not practicably be conducted without access to and use of the IHI.

6. **Serious Threats to Health or Safety.** Our practice may use or disclose your IHI when necessary to reduce or prevent a serious threat to your health or safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. **Military.** Our practice may disclose your IHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8. **National Security.** Our practice may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your IHI to federal officials in order to protect the President or other officials or foreign heads of state, or to conduct investigations.

9. **Inmates.** Our practice may disclose your IHI to correctional institutions of law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) for the protection of your health and safety or the health and safety of other individuals.

10. **Worker's Compensation.** Our practice may release your IHI for Worker's Compensation and similar programs.

E. YOU HAVE RIGHTS REGARDING YOUR IHI:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to Bill Barlow, Ph.D., at 828-254-9494 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Restrictions. You have the right to request a restriction in our use or disclosure of your IHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IHI to only certain individuals involved in your care or the payment for your care, such as a family member and friends. We are not required to agree to your request; however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IHI, you must make your request in writing to Bill Barley, Ph.D., at 828-254-9494.

Your request must describe in a clear and concise fashion:

- (a) The information you wish restricted;
- (b) Whether you are requesting to limit our practice's use, disclosure, or both; and
- (c) To whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about you, including patient medical records and billing records, but not including "psychotherapy notes." You must submit your request in writing to Bill Barley, Ph.D., at 828-254-9494 in order to inspect and/or obtain a copy of your IHI. Our practice may charge a fee for costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Bill Barley, Ph.D., at 828-254-9494. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI kept by or for the practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your IHI for non-treatment, non-payment, or non-operations purposes. Use of your IHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with one clinician to another, or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in

writing to Bill Barley, Ph.D., at 828-254-9494. All requests for an accounting of disclosures must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, ask a staff member at the check-in/check-out window.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our practice, contact Bill Barley, Ph.D., at 828-254-9494. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IHI for the reasons described in this authorization. Please note we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Bill Barley, Ph.D., at 828-254-9494.

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