



Effective July 1, 2011  
Revised July 3, 2021

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). **This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.**

### OUR COMMITMENT TO YOUR PRIVACY

Sandhills Therapy Solutions (STS) understands that medical information about you is personal. We are committed to protecting your medical information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create a record of the care and services you receive to provide quality care and to comply with legal requirements. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as protected health information or PHI. We are 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.

The Notice of Privacy Practices describes how we may use within our practice or network to disclose your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control 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 at any time. Any revision 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 any of your records that we may create or maintain in the future. Our practice will post a copy of our current Privacy 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. You will be asked to provide a signed acknowledgment of receipt of this notice.

### WHO WILL FOLLOW THIS NOTICE:

- All licensed health care personnel, employees, staff and other office personnel
- Any independent health care professional who may provide services at our office and is authorized to enter information into your medical chart
- All students or trainees
- Any persons or companies with whom Sandhills Therapy Solutions contracts for services to help operate our practice and who have access to our patients' medical information

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI):

The following describe the different ways in which we may use and disclose your protected health information. Except for the purposes described below, we will use and disclose Protected Health Information only with your written permission.

**1. Treatment:** Our practice may use or disclose your health information to provide treatment and to coordinate or manage the services provided to you. For example, we may disclose Health Information to doctors, nurses, technicians or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. Additionally, we may also disclose your PHI to your primary care physician, referring agency and case manager or other outside health care providers for purposes related to your treatment.

**2. Payment:** Our practice may use and disclose your PHI in order to bill and obtain payment for the services you may receive from us. There may be services for which we share information with your health plan to determine if the service will be paid for. For example, we may contact your health insurer (such as but not limited to Tricare, Medicaid, BCBS), 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 and diagnosis to determine if your insurer will cover your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to Medicaid and other payers or providers to coordinate and assist their billing efforts. PHI may be shared with billing companies, insurance companies/health plans, and government agencies in order to assist with qualification of benefits and collection agencies.

**3. Health Care Operations:** Our practice may use and disclose your PHI 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 PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may use or disclose your PHI for training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.

**4. Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of an appointment. We may call out your name in the waiting room or disclose medical information to leave you a message or send you a letter concerning an appointment unless you tell us otherwise. STS will use the contact information that you provide.

**5. Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives that may improve your overall health.

**6. Health-Related Benefits and Services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

**7. Business Associates:** Some services are provided through the use of contracted entities called “business associates”. We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

## **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

We may use or disclose your PHI in other situations without your permission:

**1. Disclosures Required By Law:** Subject to certain requirements, we are permitted or required by law to make certain other uses and disclosures of your medical information without your authorization. For example, we may be required to report suspected abuse or neglect. We may disclose medical information about you for workers’ compensation purposes if you are injured on the job. We may also disclose medical information when permitted or required by law, such as in response to a request from law enforcement officials in specific circumstances, and in response to valid judicial, administrative or court orders. We may also disclose information about you in certain emergencies or to avert or lessen a serious threat to the health and safety of a person or the public. We may release your medical information if you are a member of the military as required by armed forces services, or if necessary for national security or intelligence activities.

**2. Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

**3. Health Oversight Activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include 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.

**4. Legal Proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

**5. Law Enforcement:** We may release PHI if asked to do so by a 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, criminal conduct at our office, to identify/locate a suspect, fugitive or missing person, in response to a warrant, summons, court order,

subpoena or similar legal process. In an emergency, we may release PHI to report a crime (including the location or victim of the crime, description, identity or location of the perpetrator).

**6. Deceased Persons:** Our practice may release PHI to a medical examiner or coroner to identify cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**7. Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

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

#### **WE MAY USE OR DISCLOSE YOUR PHI IN THE FOLLOWING SITUATIONS UNLESS YOU OBJECT:**

**1. Fundraising activities:** We may contact you in an effort to raise money. You may opt out of receiving such communications.

**2. Release of Information to Family/Friends:** STS may disclose medical information about you to a family member, friend, daycare provider or any other person you identify except as mandated by state and federal regulations. If family members or friends are present while care is being provided, we will assume you are comfortable with your companions hearing the discussion, unless you state otherwise. You can object to this by notifying STS that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, STS will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care. STS may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for you, of your location, general condition or death.

#### **OTHER USES OF MEDICAL INFORMATION:**

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information require your written authorization. In any other situation not covered by this notice, we must receive your written authorization before using or disclosing your medical information. If you choose to authorize use or disclosure, you have the right to later revoke that authorization by notifying us in writing of your decision except to the extent that this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

#### **YOUR PRIVACY RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have certain rights related to your protected health information. You have the right to be notified if there is a breach of your protected health information. All requests to exercise your rights must be made in writing. You may submit this information to: Meredith Broughton, Privacy Officer at 3419-B Melrose Road, Fayetteville, North Carolina 28304.

**1. Inspection and Copies:** In most cases, you have the right to inspect and obtain a copy of the medical information we retain about you, upon written request to the Privacy Officer. Our practice may charge a fee for the costs of copying, mailing or other related supplies. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may submit a written request for a review of that decision. In some circumstances, another licensed health care professional chosen by Sandhills Therapy Solutions may review your request and denial. In some circumstances, our denial of a request by you to inspect and/or receive copies of your information is not subject to review.

**2. You have the right to request that we amend your medical information:** You may ask us to amend your health information if you believe it is incorrect or incomplete by submitting a request in writing that provides your reason for requesting the amendment. We have the right to deny your request if the information was not created by us, if it is not part of the medical information maintained by us, if it is not part of the information which you would be permitted to inspect and copy, or if in our opinion that record is accurate. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.

**3. Requesting Restrictions Of Your Protected Health Information:** You may request, in writing to the Privacy Officer, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the

disclosure is for the health plan's payment or health care operations. We are not required to agree to other types of requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**4. Accounting of Disclosures.** All of our persons served have the right to a list of those instances where we have disclosed your medical information for purposes other than treatment, payment or healthcare operation. You must submit a request in writing to the Privacy Officer. This list will not include: disclosures made for treatment, payment or health care operations; disclosures made directly to you; disclosures you authorized pursuant to a signed authorization; disclosures for facility directory purposes or to persons involved in your care; and disclosures made to correctional institutions and for other law enforcement purposes. The request must state the time period desired for the accounting, which must be less than a 6 year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period is free. Additional requests may be provided for a fee. We will inform you of the fees before you incur any costs. Use of your protected health information as part of the routine care in our practice is not required to be documented. For example, the therapist sharing information with the licensed supervisor or the billing department using your information to file your insurance claim. Also, we are not required to document disclosures made pursuant to an authorization signed by you.

**5. Right to a Paper Copy of This 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, contact the Privacy Officer.

**6. Confidential Communications:** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to a P.O. Box instead of your home address, by notifying us in writing 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.

**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 Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer. We encourage you to file your complaint with us first and give us the opportunity to address your concerns. 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 PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, however, that we are required to retain records of your care.

#### **COMPLAINTS:**

If you are concerned that your privacy rights may have been violated or you have a complaint about our privacy practices, you may lodge a written complaint with our Privacy Officer or contact the U.S. Department of Health and Human Services.

Sandhills Therapy Solutions  
Meredith Broughton, Privacy Officer  
1762 Metromedical Drive  
Fayetteville, North Carolina 28304  
910-257-2005

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Washington DC 20201  
1-866-627-7748