

# Presbyterian Counseling Center Privacy Practices

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## **Your Mental Health Information Rights**

***Request Restrictions:*** You may request further restrictions on our uses and disclosures of your mental health information. We may not be able to agree to all requested restrictions. Please let us know if you want specific restrictions on your information.

***Different Ways to Communicate:*** We will usually communicate by mailing or phoning your residence. However, you may prefer a different way for us to contact you. For example, you may ask for us to contact you at a specific address or phone. Please note that cell phones and e-mail may not offer confidentiality or privacy protection.

***Right to Inspect and Copy Information:*** You may inspect and copy your mental health information. We may charge for copying. To inspect or copy your mental health information, you must make your request in writing to the Privacy Officer. There are situations in which we do not have to comply with your request. However, we will state in writing if we cannot comply with a request.

***Right to Request Amendment of Your Information:*** You may request that your mental health information be amended or changed. We may deny your request if we did not create the information (it was obtained from another source). Also, we may deny your request if we believe the information is correct. Denials will be written and will describe your rights for further review. If we agree to amend, we will make reasonable efforts to share with any person who may have received your mental health information that it needs amending.

***Listing Of Disclosures We Have Made:*** You may request a copy of certain disclosures we have made of your mental health information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to our Privacy Officer.

***Copy of This Notice:*** You may request a copy of this notice at any time. A copy is available at our web site, [www.presbyteriancounseling.org](http://www.presbyteriancounseling.org).

## **How Your Mental Health Information May be Used**

Except for the following purposes, we will use and disclose your mental health information only with your written permission. You may revoke such permission at any time by writing our Privacy Officer.

**Treatment:** We may use your information and disclose it to manage or coordinate treatment provided to you. For example, your therapist may share information with another therapist or your physician to coordinate services

**Payment:** We may use and disclose necessary information about you to obtain payment for our services. For example, this information could include information that your health insurance plan may require before it approves or pays for treatment services we recommend for you.

**Health Care Operations:** We may need to use or disclose information for our practice activities. Examples of these activities include: quality assessment to see how well we are doing in serving individuals, couples, and families; clinical supervision of staff to meet state licensure and/or certification requirements.

We may use or disclose information about you in several other circumstances in which you do not have an opportunity to agree or object. These situations include:

**Required by Law:** We may need to disclose information for judicial or other administrative proceedings. For example, we may need to disclose information in response to a court order.

**Abuse or Neglect:** We are required to disclose information if we believe that you or a family member has been a victim of abuse or neglect

**Danger to Self or Others:** We are required to take steps to prevent you harming yourself or another person.

**Law Enforcement:** We may be required by a law enforcement official to provide information if it is in response to a court order, subpoena, warrant, or summons pertaining to victims of crime.

**Public Health:** We may be required by law to report health related information. These activities may include disclosures to prevent or control disease.

**Complaints:** If you think we have violated your privacy rights described in this notice, or you want to discuss with us about our privacy practices, you can contact: Rev. Jack L. Hileman, LMFT, Presbyterian Counseling Center, 3713 Richfield Rd., Greensboro, NC, 27410. Phone: 336-288-1484.

Also, you may send a written complaint to the U. S. Department of Health and Human Services, at 1-866-627-7748. If you send a complaint, we will not take any action against you or change our treatment of you in any way.