



High Point Family Therapy Services, PLLC
Satellite Office: 836 West Lexington Ave
High Point, NC 27262
Office: (336) 505-5484
FAX: (336) 505-5483

NOTICE OF PRIVACY PRACTICES

This notice tells you how we make use of your health information, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a legal responsibility under the laws of the United States and the state of North Carolina to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on January 1, 2013 and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at High Point Family Therapy Services, PLLC (HPFTS). These changes could also affect how we protect the privacy of any of your health information we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you may request a copy of it at no charge to you.

If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

Here are some examples of how we use and disclose information about your health information.

We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.

3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services we provide for you.
5. To our own staff and contracted mental health consultants in connection with HPFSTS' operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, and improving the quality of our services, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point forward.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.
- 8. High Point Family Therapy Services, PLLC expects its staff to follow the laws of the State of North Carolina in reporting to the designated authorities intentions on the part of clients to commit suicide, homicide, or incidents of abuse or neglect of children or the elderly.
(North Carolina Code: G.S. 7B-101)**

We will not use your health information in any of HPSDS' marketing, development, public relations, or related activities without your written authorization.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

As a client of High Point Family Therapy Services, PLLC **you have these important rights:**

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part "A" above.
- C. We will charge you \$.25 per page for making these photocopies.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your

requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.

- F. You can make a written request that we amend the information in part "A" above.
- G. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- H. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- I. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or HPFTS' operations. This can go back as far as six years, but not before April 14, 2003.
- J. If you request the accounting in "I" above more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.
- K. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person:

Compliance Officer:	Rev. Kent D. Berry, MDiv, MA, LMFT
Telephone:	(336) 505-5484 ext 101
FAX:	(336) 505-5483
Mailing Address:	4332 Grassy Moss Drive Greensboro, NC 27409

- L. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.