

Health Insurance Portability and Accountability Act (HIPAA)  
**NOTICE OF PRIVACY PRACTICES**  
Wisdom Path, PLLC  
Effective Date: June 1, 2015

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**Responsibilities of Wisdom Path Counseling & Wellness**

Wisdom Path, PLLC is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health services that are provided to you, payment for those health care services, or other mental health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in our agency offices and on our agency web site at [www.wisdompathnc.com](http://www.wisdompathnc.com). Copies of any revised *Notices* will be available to you upon request.

Wisdom Path, PLLC will retain your/or your children's clinical files. You have a right to view those files in the presence of your therapist, and may take notes on that file and ask questions about the notes in the file.

If at any time, you have questions or concerns about the information in this *Notice* or about our privacy policies, procedures and practices, you may contact your therapist at Wisdom Path, PLLC.

**Use and Disclosure of Health Information without Your Authorization**

***Treatment***

Wisdom Path, PLLC may use your health information, as needed, in order to provide, coordinate or manage your health care and relate services. This includes sharing your health information with other health care providers within this agency. For example, your primary therapist may discuss your case with a senior therapist and skills coach in order to make plans for treatment.

We will disclose your health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law. For example, you may want us to communicate with your primary care physician or psychiatrist as appropriate.

***Payment for Services***

The treatment provided to you will be shared with our agency's billing department so a bill can be prepared for services rendered. We may also share your health information with agency staff who review services provided to you to make certain you have received appropriate care and treatment. We will not disclose your health information outside of this agency for billing purposes (i.e., bill your insurance company) without your consent. However, in order to obtain reimbursement from insurance companies, we must share information about your diagnosis and service provided.

### ***Health Care Operations***

Wisdom Path, PLLC may use or disclose your health information in performing a variety of business activities that we call “health care operations”. Some examples of how we may use or disclose your health information for health care operations are:

- Review the care you receive here and evaluate the performance of your treatment/habilitation team to ensure you have received quality care.
- Review and evaluate the skills, qualifications and performance of health care providers who are taking care of you.
- Provide training programs for agency staff, students and volunteers.
- Cooperate with outside organizations that review and determine the quality of care that you receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allow our agency attorney to use your health information when representing this agency in legal matters.
- Resolve grievances within our agency.
- Provide information to your internal client advocate who is available to represent your interests upon your request.

### ***Other Circumstances***

Wisdom Path, PLLC may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this *Notice*, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director;
- Regarding abuse, neglect or domestic violence;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- Related to death such as disclosure to a funeral director;
- To avert a serious threat to the health or safety of a person or the public;
- Related to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials when you are in their custody;
- For Worker’s Compensation in cases pending before the Industrial Commission;
- To your next of kin or other person involved in your care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request;
- Related to medical research.

### ***Contacting You***

Wisdom Path, PLLC may use your health information to contact you to:

- Remind you of upcoming appointment; (We may call, text or email you to remind you of an appointment.)
- Send you an invoice for balance due. (We call you or send you a letter)

- Make you aware of alternative treatment, services, products or health care providers that may be of interest to you; (If you are receiving treatment for a particular condition and your health care team learns of new or alternative treatments, we may contact you to inform you of such possibilities.)

### **Disclosure of Your Health Information That Allows You An Opportunity to Object**

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for your care may disclose your admission to or discharge from this agency to your next of kin.
- Disclosure to public or private agencies providing disaster relief. Example: We may share your health information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about your health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

### **Disclosure of Your Health Information That Requires Your Authorization**

Wisdom Path, PLLC will not disclose your health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our agency Privacy Official that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding. If you are a minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: verbal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, you have that right to authorize disclosure of your health information. Disclosure of health information to external client advocates will require authorization by you and your personal representative if one has been designated. If you are a minor whose parent or guardian has consented to your treatment for substance abuse, both you and your parent or guardian must authorize disclosure of your health information.

### **Your Rights Regarding Your Health Information**

You have a right to receive a copy of this Wisdom Path, PLLC *Notice of Privacy Practices*. This notice is available on the Client Portal, and you will be asked to sign an Agreement for Services that indicates (among other things) that you have read and understood this notice. You may also request a paper copy of the *Notice*. In the event of emergency services, you will be provided the *Notice* as soon as possible after emergency services have been provided.

### **Right to request different ways to communicate with you**

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this agency be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our agency.

### **Right to request to see and copy your health information**

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your health information in medical, billing and other records that are used to make decisions about you. Your request must be in writing and forwarded to our agency. You can expect a response to your request within 30 business days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by your physician or a professional designated by our agency director under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency to request that a copy of your health information be sent to a physician or psychologist of your choice.

Whenever you have a personal representative who consented to your treatment, the personal representative has the same rights to request to see and copy your health information.

### **Right to request amendment of your health information**

You have the right to request changes in your health information in medical, billing, and other records used to make decisions about you. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change your health information, we will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received your health information and who need the changes.

We may deny your request if:

- The information was not created by this agency (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the records used to make decisions about you;
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change your health information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

### **Right to request a listing of disclosures we have made**

You have a right to a written list of disclosures of your health information. The list will be maintained for at least six years for any disclosures made after June 1, 2012. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure. This agency is not required to include the following on the list of disclosures:

- Disclosure for your treatment;
- Disclosure for billing and collection of payment for your treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized;
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your case.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

#### Right to request restrictions on uses and disclosures of your health information

You have the right to request that we limit our use and disclosure of your health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about you to your next of kin or someone who is involved in your care. Example: you could ask that we not disclose information about your family history of heart disease. We will provide you with a form to document your request. We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

#### **VIOLATION/COMPLAINTS**

If you believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency. Contact information is as follows:

Wisdom Path, PLLC  
220 W. Union Street  
Morganton, NC 28655

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding your privacy. Contact information is as follows:

• CARE-LINE  
2012 Mail Service Center  
Raleigh, NC 27699-2012  
**Voice Phone (English and Spanish)**  
1-800-662-7030 (Toll Free)  
(919) 733-4261 (Triangle Area and Out of State)  
**FAX:** (919) 715-8174  
**TTY:** 1-877-452-2514 (TTY Dedicated)  
(919) 733-4581 (TTY Dedicated for local or out of State calls)  
**EMAIL:** [care.line@nemail.net](mailto:care.line@nemail.net)

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta GA 30303-8909  
**Voice phone:** (404) 562-7886  
**FAX:** (404) 562-7881  
**TDD:** (404) 331-2867

If you file a complaint, we will not take any action against you or change the quality of health care services we provide to you in any way.

## **LEGAL REFERENCES**

Primary Federal and State laws and regulations that protect the privacy of your health information are listed below:

Confidentiality of Alcohol and Drug Abuse Patient Records- 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal law and 42-CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information- 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.NC General Statutes- Chapter 122C, Article 3 (Client's Rights and Advance Instruction), Part 1 (Client's Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine). NC Administrative Code- 10 NCAC 18 D (Confidentiality Rules).