

Agape Counseling Services, PLLC
Notice Regarding Patient Records Privacy:
Policies and Procedures
This Notice is effective as of April 14, 2003

This notice describes how Psychological and Medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You will be asked for your signature to acknowledge receipt of this information.

We are required by law to protect psychological/medical information about you.

We are required by law to protect the privacy of psychological/medical information about you and that identifies you. This psychological/medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to psychological/medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new notice effective for any or all medical information that we maintain. We may or may not make change retroactive. If we make changes to the notice, we will:

- Post the new notice in our waiting area.
- Have copies of the new notice available upon request.
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The rest of this notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

We may use and disclose psychological/medical information about you in several circumstances.

We use and disclose psychological/medical information about patients on occasion. This section of our Notice explains in some detail how we may use and disclose psychological/medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

1. Treatment

We may use and disclose medical psychological/medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers (such as your family physician or another professional counselor/psychiatrist, etc) regarding your treatment and coordinating and managing your health care with others.

2. Payment

We may use and disclose psychological/medical information about you to obtain payment for services that you received. This means that, within this organization, we may use psychological/medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, county attorney, and consumer reporting agencies). In some instances, we may disclose psychological/medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

3. Health Care Operations

We may use and disclose psychological/medical information about you in performing a variety of business activities that we call “health care operations.” These “health care operations” activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, volunteers, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing psychological/medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.
- We may use and/or disclose psychological/medical information about you to send you reminders about an appointment or need for services.
- We may use and/or disclose psychological/medical information about you in order to inform you of or recommend new treatment or different methods for treating a condition that you have or to inform you of other health related benefits and services that may be of interest to you.
- We may use medical information about you to contact you in person or by other means to encourage you to purchase or use a product or service.

4. Persons involved in your care

- We may use or disclose medical information to notify, or assist in the notification of (identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on our professional judgment. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up any form of health information.

5. Disaster Relief

- We may use or disclose your health information to a private or public entity authorized by law, to assist in disaster relief efforts.

6. Required By Law

- We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to government agencies to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

7. **Law Enforcement**

- We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

8. **Abuse or Neglect**

- We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

9. **National Security**

- We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and certain other national security activities.

10. **Use and Disclosure of Certain Types of Medical Information**

- **For certain types of medical information, we may be required to protect your privacy in ways more strict than we have discussed in this notice. We must abide by the following rules for our use or disclosure of certain types of your health information.**

HIV Information We may not disclose HIV information unless required by law, pursuant to an authorization or the disclosure is to you or your personal representative; to health care personnel providing care to you; pursuant to appropriate subpoena or court order; to persons who may be at risk of infection in accordance with state rules.

Alcohol and Drug Abuse Information. We may not disclose your medical information that contains alcohol and drug abuse information except to you, your personal representative or pursuant to an authorization or as may be allowed by law.

Individual Rights

Access

- You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot

practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by sending us a letter to the address at the end of this notice. If you request copies, you will be charged for the copies, staff time to locate and copy your medical information, and postage to mail the copies to you. If you request an alternative format, we will charge a cost based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting:

You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations or pursuant to and authorization and certain other activities, since April 14, 2003. We will provide you with a date, person or entity and reason for disclosure.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.

Confidential Communication

- You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable.

Amendment

- You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, and to include the changes in any future disclosures of that information.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may complain to us using the information

listed at the end of this notice. You may also submit a written complaint the U.S. Department of Health and Human Services.

We support your right to privacy and will not retaliate in any way.

Contact: Agape Counseling Services PLLC

Telephone: (910) 251-7789

Email: info@agape-counseling.org

Address: 3725 Wrightsville Ave. Suite B

Wilmington NC 28403