Agape Counseling Associates, Inc 207 N.35th Street Suite A Morehead City, N.C. 24557

NOTICE OF PRIVACY PRACTICES
EFFECTIVE APRIL 14, 2003

This Notice describes how health information about you may be used and disclosed and how you can access this information.

Please review carefully.

Agape Counseling Services, PLLC (ACS) is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of the Agape Counseling Services, PLLC, as well as all of the County/State health care professionals and other persons authorized to enter health information about you into your medical record. ACS has also agreed to abide by this Notice in order to protect the privacy of your Protected Health Information (PHI) when conducting joint healthcare activities with other County/State departments and facilities.

ACS is required by law to:

- Protect the privacy of certain health information that identifies you. This health information may be information about healthcare services we provide to you or payment for those services. It may also be information about your past, present, or future medical conditions.
- Provide you with this Notice of Privacy Practices explaining our legal duties and privacy rights. We are legally required to follow the terms of this Notice, and we will use and disclose health information only in the manner that we have described in this Notice.

Consistent with these legal requirements, this Notice describes and provides some examples of various ways in which we may use or disclose your health information, with or without your prior written authorization. This Notice also describes our legal duties and your privacy rights with respect to your health information, and provides you with information about how to make privacy-related complaints.

We reserve the right to make changes to this Notice, effective for all health information that we maintain, as permitted by law. We will promptly post any new Notice in our waiting area and have copies of the Notice available upon request to the Office Administrator.

If, at any time, you have questions about information in this Notice or our privacy policies, procedures, or practices, you can contact our Office Administrator.

We may use and disclose health information about you to provide health care to you. In other words, we may use and disclose health information about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care.

1. Treatment. We may use and disclose health information about you to provide health care treatment to you. In other words, we may use and disclose health information about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care.

2. Payment. Except as limited by certain North Carolina laws governing records relating to communicable diseases and minors, we may use and disclose health information about you to obtain payment for health care services that you have received. This means that we may use health information about you to arrange for payment (such as preparing bills and managing accounts). We may also disclose health information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose health information about you to any 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. Except as limited by certain North Carolina laws governing records relating to mental health/substance abuse facility records or records pertaining to communicable diseases or minors, we may use and disclose health information about you in performing a variety of business activities that we call “health care operations.” These health care operations activities allow us, for example, to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health 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, supervisees, health care providers, or non-healthcare 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 clients.
- 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 care others and we provide, including government agencies and private organizations.
- Planning for our organization’s future operations.
- Resolving complaints, grievances, and appeals within our organization and/or contributing agency.
- Reviewing our activities and using or disclosing health 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.

4. Appointment Reminders/Treatment Alternatives. We may use and/or disclose health information about you to send you reminders about an appointment. We may use and/or disclose information about you in order to inform you of new treatments or modifications of current treatments relating to medical conditions that we have or can inform you of other related health benefits and services that may be of interest to you.

5. Persons involved in your care/facility directories. We may disclose health information about you (i) to a relative, close personal friend, or any other person you identify if that person is involved in your care (including payment for your care) and the information is directly related to their involvement in your care; or (ii) to a relative, another person involved in your care, or possible disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition. We may also disclose certain information about you to your treatment team and to any other person who is provided to you in your medical record. We may disclose this information as permitted by law. We will promptly post any revised Notice in our waiting area.

6. Business Associates. There are some services provided by us through agreements with business associates. To protect your health information, however, we require business associates to sign standardized agreements designed to safeguard your information in their hands. Furthermore, disclosures to business associates may be limited by North Carolina laws governing pharmacy, mental health, substance abuse or nursing facility records, or records related to communicable diseases or minors.

7. Required by Law. We will use and disclose health information about you whenever we are required by law to do so, subject to the limitations of such law.

8. Public Health Activities. We may use or disclose health information about you for public health activities, which include various activities related to investigating diseases, including but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the health department in the state and take other actions to prevent the spread of the disease. These disclosures may be limited, however, by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors, communicable diseases and cancer.

9. Abuse, Neglect, or Domestic Violence. We may disclose health information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or are legally unable to agree and we believe it is necessary to prevent harm to you or another person.

10. Health Oversight Activities. We may disclose health information about you to a health oversight agency, which is basically an agency responsible for overseeing the healthcare system or certain government programs, or conducting healthcare oversight activities such as audits, investigations, inspections and licensure. For example, a health oversight agency may request information from us while they are investigating possible insurance fraud. These disclosures may under certain circumstances be limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable disease.

11. Judicial and Administrative proceedings. We may disclose health information about you in response to a court or administrative order, or in response to other limited circumstances, in response to a subpoena, discovery request or other lawful process by someone else involved in a dispute. For example, we may disclose health information about you to a court if a judge ordered us to do so. These disclosures may be limited, however, by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases, minors or controlled substance use.

12. Law Enforcement. We may disclose certain health information about you to law enforcement officials if certain conditions are met. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person.
person. These uses or disclosures, however, may be subject to certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors, communicable diseases or controlled substance use.

13. CORONERS AND OTHERS. We may disclose health information about you to a coroner, medical examiner, or funeral director so they may carry out their duties, or to organizations that help with organ, eye, and tissue transplants. These uses or disclosures, however, may be limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to minors or communicable diseases.

14. WORKERS’ COMPENSATION. We may disclose health information about you for workers’ compensation or similar programs providing benefits for work related illnesses or injuries, except as limited by certain North Carolina laws governing pharmacy, mental health or nursing facility records, or records related to communicable diseases.

15. RESEARCH. We may disclose health information about you to research organizations if the organization has satisfied certain conditions, set forth in federal and state law, about protecting the privacy of health information in the research context.

16. CERTAIN GOVERNMENT FUNCTIONS. We may use or disclose health information about you for certain governmental functions, including but not limited to military and veterans’ activities and national security and intelligence activities.

17. INMATES. If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may release health information about you to the correctional institution or the law enforcement official in certain circumstances. These uses or disclosures may be limited by certain North Carolina laws governing pharmacy, mental health, substance abuse, nursing facility records, or records related to minors or communicable diseases.

18. TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY. We may use and share health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, and may be further limited by certain North Carolina laws governing pharmacy, mental health, substance abuse or nursing facility records, or records related to minors or communicable diseases.

YOU HAVE CERTAIN RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

You have certain rights with respect to health information about you. This section of the Notice briefly discusses each of these rights.

RIGHT TO A COPY OF THIS NOTICE. You have a right to have a paper copy of our Notice of Privacy Practices at any time. If you would like to have a copy of our Notice, ask the receptionist for a copy.

RIGHT OF ACCESS TO INSPECT AND COPY. You have the right to request access to inspect (which means see or review) or receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing. You may write us a letter requesting access.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your request, and we will share your statement whenever we disclose the information in the future.

RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE. You have the right to receive an accounting (which means a detailed listing) of certain disclosures of your health information that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It also will not include any disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve months, we may charge you a fee. We will tell you the cost involved and you can withdraw or modify your request before any costs are charged to you.

RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES. You have the right to request that we limit the use and disclosure of health information about you for treatment, payment, and health care operations. You may also have the right to request a limit on our provision of health information about you to someone who is involved in your care, like a family member or friend. We are NOT required to agree to your request, but if we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

If you would like to request a restriction on uses and disclosures of your health information, you may send us a letter requesting a restriction.

RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT. You have the right to request to be contacted at a particular location or by a particular method. For example, you may prefer to have all written information mailed to your work address, rather than to your home address. We will agree to any reasonable request for alternative methods of contact.

If you would like to request an alternative method of contact, you must provide ACS with a request in writing of the alternative method.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us, or with the federal government. We will not take any retaliatory action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint, you may bring your complaint to ACS as indicated below, or you may mail it to the following address:

Agape Counseling Associates, Inc
ATTN: Office Administrator
3806 Peachtree Ave, Suite 210
Wilmington, N.C. 28401
(910) 251-7789

US Department of Health and Human Services
Atlanta Federal Center
Suite 3870
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909

Web site. A copy of this notice of privacy practices is posted on the ACS web site: www.agape-counseling.org

ATTESTATION:
I have read the Notice of Privacy Policies. My signature below indicates that I agree to it’s terms. I was given the opportunity to discuss this policy and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.

____________________________
Printed Name of Client and/or Legal Guardian/Custodian

____________________________
Signature

Date

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