

Notice of Privacy Practices
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION.
PLEASE READ IT CAREFULLY.
Dated November 20, 2015

Uses and Disclosures:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example all sessions and recommendations will be available in your medical record to all health professionals who may provide treatment who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used as necessary to support the day-to-day activities and management of the counseling practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, I am required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified me of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders: Your health information may be used by me to send you appointment reminders.

Information about treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. I may also send you information describing other health-related products and services that I believe may interest you.

Current or future staff: I may at anytime hire assistance with billing, filing, receptionist's duties and general assistance with every day operations as is deemed necessary. Those individuals may have access to clients and/or files and will be bound to all privacy standards spelled out in this document or any other which is applicable to me.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy protected health information (some clinical restrictions apply)
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

My Duties to You as a Mental Health Provider

- I am required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.
- I am also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, I preserve the right to amend or modify the privacy policies and practices. These changes in policy and practice may be required by changes in federal and state laws and regulations. Upon request, I will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information I maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that I maintain. As permitted by federal regulation, I require that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and will generally be approved unless there are legal, ethical, or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about these privacy practices, you can do so by sending a letter outlining your concerns to your therapist:

Seasons Change, PLLC
Shauna K. Moore, MS, LMFT
PO Box 1875
Lillington, NC 27546

- You may also file a complaint with the Secretary or the Department of Health and Human Services. Filing a complaint does not, in itself, change the care I provide.
- You will not be penalized or otherwise retaliated against for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

My therapist reserves the right to modify the privacy practices outlined in the Privacy Practice Notice that she placed into effect on November 20, 2015, and any sub sequential Privacy Practice Notices. I have received a copy of the Notice of Privacy Practice for Shauna K. Moore, MS, LMFT.

Name of Patient (Print)

Name of Legal Guardian (If applicable) (Print)

Signature of Patient or Legal Guardian

Date

Relationship of Patient’s Guardian or Representative

Witness

Date