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**Summary of Patient Privacy Notices**  
**(Effective November, 2005; Revised September 2013)**

<b>THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED / DISCLOSED &amp; HOW YOU CAN ACCESS THIS INFORMATION.</b>
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**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **“PHI” refers to information in your health record that could identify you.**
- **“Treatment, Payment and Health Care Operations”**
  - Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **“Use”** applies only to activities within our office, clinic, practice group, etc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of our office, clinic, practice group, etc., such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes (if we keep them separately from your PHI). “Psychotherapy notes” are notes we might make about our conversation during a private, group, joint, or family counseling session, which we might keep separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the

right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse and Neglect:** When in our professional capacity, we have received information which gives us reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, we must report such to the county Department of Social Services, or to a law enforcement agency in the county where the child resides or is found. If we have received information in our professional capacity which gives us reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but we believe that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, we must make a report to the appropriate law enforcement agency.
- **Adult and Domestic Abuse (Vulnerable Adults):** If we have reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited, we must report the incident within 24 hours or the next business day to the Adult Protective Services Program or to the Long Term Care Ombudsman Program. We may also report directly to law enforcement personnel.
- **Health Oversight:** The North Carolina Board of Psychology has the power, if necessary, to subpoena our records. We are then required to submit to them those records relevant to their inquiry.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to us the intention to commit a crime or harm yourself, we may disclose confidential information when we judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. In this situation, we must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems. We may notify potential victims, members of your family, and/or proper law enforcement and mental health authorities.
- **Workers' Compensation:** If you file a workers' compensation claim, we are required by law to provide all existing information compiled by us pertaining to the claim to your employer, the insurance carrier, their attorneys, the North Carolina Industrial Commission, or you.
- **Accusations:** We are permitted by law to reveal confidences when it is necessary to defend ourselves and/or our employees against an accusation of wrongful conduct.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law -** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

### **IV. Patient's Rights and Psychologist's Duties**

#### **Patients' Rights:**

- **Right to Request Restrictions-** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations –** You have the right to request and receive confidential communications of PHI by

alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a psychologist. Upon your request, we will send your bills to another address.)

- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We are not necessarily required to honor your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket** - You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI** - You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### **Psychologist's Duties:**

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Should subsequent changes or modifications be made, I will provide you with a revised notice at your request. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

Notice: Appointment Reminders: Your consent for psychological services includes (by policy) that we may contact you with appointment reminders. We will do this and/or leave a message to this effect unless you specifically document in writing that you do not want this to occur.

#### **V. Questions and Complaints and Changes**

- If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact the office at 252-206-6930.
- If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the office address, Center for Health Solutions, 112 N. Circle Drive, Suite B, Rocky Mount, NC 27804. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.