“Emerge Brighter”

Notice of Privacy Practices (HIPAA)

EB Psych, PLLC
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Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information

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.

Privacy Policy in EB Psych, PLLC

There are federal and state requirements that outline how your protected health information (PHI) should be handled. EB Psych, PLLC is dedicated to protecting your privacy as well. Following is a description of the requirements and how they are handled in the practice.

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1. Uses and Disclosures for Treatment, Payment, and Health Care Operations

EB Psych, PLLC 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 EB Psych, PLLC provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when another health care provider is consulted, such as your family physician or another mental health practitioner.
    - *Payment* is when EB Psych, PLLC obtains payment or reimbursement for your healthcare. Examples of payment are if your PHI is disclosed to your health insurer for you to obtain reimbursement for your health care or to determine eligibility or coverage; or, regarding your personal obligations and payments, such as billing, payment processing, or collection.
    - *Health Care Operations are activities that relate to the performance and operation of the practice. Examples of healthcare 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 this clinical practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure"* applies to activities outside of this clinical practice, such as releasing, transferring, or providing access to information about you to other parties.

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2. Uses and Disclosures Requiring Authorization

EB Psych, PLLC 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 EB Psych, PLLC is asked for information for purposes outside of treatment, payment, and health care operations, your authorization will be obtained before releasing this information. Authorization will also need to be obtained before releasing your psychotherapy notes. "*Psychotherapy notes"* are notes that may have been made about conversations during a private, group, joint, or family therapy session, which are kept 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 (permitting the sharing of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the authorization has already been relied on; or (2) 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.

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3. Uses and Disclosures with Neither Consent nor Authorization

EB Psych, PLLC may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If you give information which leads to suspect child abuse, neglect, or death due to maltreatment, such information must be reported to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to a child protective services investigation, EB Psych, PLLC must comply.

- Adult and Domestic Abuse: If information you provide gives reasonable cause to believe that a disabled adult is in need of protective services, this must be reported to the Director of Social Services.
- Health Oversight: The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should there be an inquiry.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about the professional services that have been provided and/or the records thereof, such information is privileged under state law, and this information must not be released without your written authorization, or a court order. This 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: Your confidential information may be disclosed to protect you or others from a serious threat of harm by you.
- Workers' Compensation: If you file a worker's compensation claim, it is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.
- 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.
- Appointment reminders and health related benefits or services: Your PHI may be used and disclosed to contact you to remind you that you have an appointment at EB Psych, PLLC. Your PHI may also be used and disclosed to tell you about treatment alternatives, or other health care services or benefits offered.
- There may be additional disclosures of PHI that are required or permitted by law even without your consent or authorization, though the disclosures listed above are the most common

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4. Patient's Rights and Psychologist's Duties

Patient's Rights:

- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, there is no requirement 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 you are receiving services. Upon your request, your bills will be sent to another address.)

- Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records (but not including psychotherapy notes) used to make decisions about you for as long as the PHI is maintained in the record. You must submit your request in writing. Your access to PHI may be denied under certain circumstances, but in some cases, you may have this decision reviewed. On your request, the details of the request and possible appeal process will be discussed with you.
- Right to Amend. You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The request may be denied. On your request, the details of the amendment process will be discussed with you.
- Right to Accounting. You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, the details of the accounting process will be discussed.
- Right to a Paper Copy. You have the right to obtain a paper copy of this Notice of Privacy Practices from EB Psych, PLLC 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 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) the risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Duties:

- It is required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.
- The right to change the privacy policies and practices described in this notice is reserved. Unless you are notified of such changes, however, the psychologist is required to abide by the terms currently in effect.
- If policies and procedures are revised, you will be provided with a copy at the next scheduled psychotherapy session or provided an electronic copy through your secure online client portal.

EB Psych, PLLC relies on certain persons or other entities, who or which are not employees, to provide services on its behalf. These persons or entities may include accountants, lawyers, billing services, and collection agencies. Where these persons or entities perform services, which require

the disclosure of individually identifiable health information, they are considered under the Privacy Rule to be business associates.

EB Psych, PLLC enters into a written agreement with each business associate to obtain satisfactory reassurance that the business associate will safeguard the privacy of the PHI of the patients. Reasonable steps will be taken to work to remedy any breaches of the agreement that are identified, though business associates are relied on to abide by the contract.

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5. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Erica Pritzker, Psy.D at: (919) 912-9012. If you believe your privacy rights have been violated and wish to file a complaint with EB Psych, PLLC, you may send your written complaint to Erica Pritzker, Psy.D at: info@emergebrighterpsych.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. There will be no retaliation against you for exercising your right to file a complaint.

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6. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on March 31, 2025.

EB Psych, PLLC reserves the right to change the privacy policies and practices described in this notice. If the policies and procedures are revised, you will be provided a copy at the next scheduled psychotherapy session or provided an electronic copy through the secure online client portal. You may request, and you will be provided, a copy of the most current Notice at any time.