

## Notice of Privacy Practices

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### Important Information About How Your Information May Used and Disclosed, As Well As How You Can Access Your Information and Release Information to Other Agencies

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**TRANSCENDING LIMITS COUNSELING SERVICES, PLLC** has a clear policy to protect your confidentiality. We are required by law to protect all confidential consumer information and **Protected Health Information** (PHI) and adhere to all guidelines to protect consumer information as listed in the **Health Insurance Portability and Accountability Act (HIPPA) of 1996**. You have a right to confidentiality and you, may report any violations of confidentiality to the **TRANSCENDING LIMITS COUNSELING SERVICES, PLLC** Clinical Director or Consumer Advocate at:

**Disability Rights-North Carolina/LME**  
**3424 National Drive**  
**Suite 100**  
**Raleigh, NC 27608**  
**(919) 856-2195**

#### Written Consent Required to Release Information:

Only records or information, with appropriate written consent by the consumer, may be released with identified parties. The release must specify who may send or release information, as well what specific information may be released. The written release is valid for one year but may be revoked at any time. If you sign a release of Information, you are entitled to receive a copy of the signed release. Also, we may only release information that was generated by **TRANSCENDING LIMITS COUNSELING SERVICES, PLLC**. For example, if you provided a release for us to receive specific records from another agency, we are not permitted to release those records to other parties. You will need to contact that agency if you need those records released. Basic information such as progress on goals, demographic information, and diagnostic information may be given to the consumer's Healthcare insurance payer for review and authorization of services.

#### Limits of Confidentiality and Retention/Destruction of Records:

**TRANSCENDING LIMITS COUNSELING SERVICES, PLLC** is required to report incidents or suspected incidents of abuse of a child, disabled person, or elder person to local officials. If a consumer reports a plan to harm themselves or another individual, local law enforcement and the potential victim may be contacted to ensure safety. Additionally, if there is a psychiatric or medical emergency, **The Agency** may release information to emergency personnel to assist in coordination of emergency services. **The Agency** retains all medical records for seven (7) years in a secure location.

We understand that information about you and your health is personal. **The Agency** is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the notice that is currently in effect.

**How the Agency May Use or Disclose Your Health Information-** The Agency protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits the agency to use or disclose your health information for the following purposes without your authorization:

**For Payment:** We may use and disclose your health information so that your services may be billed to, and payment may be collected from an insurance company or a third party.

**For Health Care Operations:** We may use and disclose health information about you for quality assurance operations. Unless you provide us with alternative instructions, we may send reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Agency and make sure that you receive quality customer service.

**As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law, such as when treatment is court mandated or in compliance with the Division of Social Services for the protection and prevention of child and elder abuse.

**To Avoid a Serious Threat to Health or Safety.** We may use and disclose 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.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence when required or authorized by law,

**For Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**For Specific Government Functions.** The Agency may disclose health information for the following specific government functions: (1) health information of military personnel, as

required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons.

**Advance Instruction:** Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other professional when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

**Next of Kin/Family Member/Designee/Advocate:** In response to a written request of the next of kin/family member/designee/advocate who has a legitimate role in the therapeutic services offered, the Agency shall: (1) Provide the information requested based upon determination that providing this information will be to the consumer's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin/family member/designee/advocate does not have a legitimate need for the information requested. The Clinical Director will make this determination.

**When the Agency May Not Use or Disclose Your Health Information-**Except as described in this Notice, the Agency will not use or disclose your health information without your written authorization. If you do authorize the Agency to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **You Have the Following Rights with Respect to Your Health Information:**

You have the right to request restrictions on certain uses and disclosures of your health information. The Agency is not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.

Consumers, guardians, or legal representatives have a right to have access to medical records. While the actual record is property of TRANSCENDING LIMITS COUNSELING SERVICES, PLLC, you may request to review all or part of the record. If you choose to review the records, you must sign a written release and you may set an appointment with a supervisor to review your records. Only records generated by TRANSCENDING LIMITS COUNSELING SERVICES, PLLC may be released. If you request copies of all or part of the record, a small fee may be charged (not to exceed \$15.00 for administrative costs).

You have the right to request that the Agency amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to the Clinical Director, along with the reason for the request. The Agency is not required to amend health information that is accurate and complete. The Agency will provide you with information about the procedure for addressing any disagreement with a denial.

You have a right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for purposes other than disclosures (I) for Agency treatment,

payment or health care operation, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to the Medical Records Coordinator. You must specify the time period, which may not be longer than three years.

You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to the local office providing services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact the Clinical Director.

### **Changes to this Notice of Privacy Practices**

The Agency reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted. Upon request, we will provide a revised Notice to you.