

## NOTICE OF POLICY PRACTICES

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.

Effective January 1, 2020, last updated October 7, 2021

### A. Our Commitment to Your Privacy

We are dedicated to protecting your health information as part of providing professional care. This notice will tell you how Juliet Lam Kuehnle LCMHC, PLLC dba Sun Counseling and Wellness handles your health information and how we share it with other health care professionals and organizations. We want you to understand our policies so you can make the best decisions for yourself and your family. If you have any questions or want to know more about this notice, please ask.

### B. Definition of Terms

- Protected Health Information (PHI) refers to any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity and can be linked to a specific individual.
- 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 disclosure of PHI to health insurers 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 training programs for students.
- Use applies only to activities within our group practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of our group practice such as releasing, transferring, or providing access to information about you to other parties.
- Authorization is your written permission, above and beyond the general consent, to disclose mental health information to specific entities. All authorizations to disclose must be on a specific legally required form.

### C. Uses and Disclosures of Protected Health Information

We may use or disclose your protected health information, as needed, in order to provide, coordinate, or manage your care. When we use or disclose your protected health information, we share only the minimum necessary information. We typically use or disclose your PHI in the following ways:

- For Treatment – Internally in the course of your treatment and/or externally with other health care providers regarding your treatment.
- For Payment – For services provided to you.

- For Health Care Operations – As part of internal operations, to improve care, and to contact you when necessary.

#### D. Uses and Disclosures Requiring Authorization

We will ask for your written authorization before we use or disclose PHI for the following purposes:

- Judicial Requests for PHI
- Sharing of Psychotherapy Notes
- Research Including PHI
- Marketing Activities
- Sale of Your Information
- Drug Dependence – North Carolina law states if you request treatment and rehabilitation for drug dependence from one of our providers, your request will be treated as confidential. We will not disclose your name to law enforcement or when making referrals unless you consent to our sharing of it.

If you sign an authorization allowing us to use or disclose PHI, you can later revoke your decision in writing. The revocation will not apply to PHI that has already been used or disclosed.

#### E. Uses and Disclosures Without Authorization

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

- Serious Threat to Health or Safety – If we believe there is an imminent danger to your health or safety or that of another individual, or if there is likelihood of a felony or violent misdemeanor, we may disclose information to take protective action, including communicating with the potential victim, appropriate family members, and/or the police, or to seek hospitalization.
- Child Abuse – If we have cause to suspect that a child under 18 is abused, neglected, dependent, or has died as the result of maltreatment by a parent, guardian, custodian, or caretaker, the law requires that we file a report with the appropriate county Department of Social Services (see the North Carolina Juvenile Code).
- Adult Abuse – If we have reasonable cause to believe a disabled or elder adult is in need of protective services, the law requires that we file a report with the appropriate county Department of Social Services (see the North Carolina Protection of the Abused, Neglected, or Exploited Disabled Adult Act).
- Worker's Compensation – If you file a worker's compensation claim, we are required by law to provide your health information relevant to the claim to your employer and the North Carolina Industrial Commission.
- Health Oversight Activities – If a health oversight agency would like to review our work for quality and efficiency, or if we receive a subpoena from the North Carolina Board of Psychology or equivalent board.
- Required by Law – If federal, state, or local law or other judicial or administrative proceeding requires it.
- Judicial Proceedings – If you are involved in a lawsuit or legal proceeding, and we receive a court order or other lawful process where we are obligated to comply. If you file a complaint or lawsuit against Juliet Lam Kuehnle LCMHC, PLLC // Sun Counseling and Wellness and/or its employees, we may disclose relevant information for defense.
- Business Associates – If we use outside companies, such as vendors, liability insurance carriers, or electronic medical record platforms, we will sign and enforce business associate agreements, requiring these entities to provide appropriate safeguards and procedures for privacy and security of the PHI entrusted to them under their contract with us.

- Research – If used for medical research, we will remove all identifying information.
- Communicable Disease – Under North Carolina law, if you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials or to protect against the spread of the disease.
- Other – We are allowed and/or required to share your information in other ways, usually in ways that contribute to the public good. For example, for public health activities (investigating disease), for decedents (speaking to medical examiners, funeral directors, or organ procurement organizations), for law enforcement purposes (investigating a crime, correctional institutions), and for specific government functions (determining military benefits or national security).

## F. Your Rights

When it comes to your health information, you have certain rights.

- Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- Right to Choose Your Treatment Provider – You have the right to decide not to receive services from Juliet Lam Kuehnle LCMHC, PLLC and Sun Counseling and Wellness. If you wish, we will provide you with names of other qualified professionals.
- Right to Receive Confidential Communications – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may want your bills sent to another address.
- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. For example, you can ask us to limit what we tell people involved in your care. However, we are not required to agree to a restriction you request.
- 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 an Accounting – You have the right to receive an accounting of disclosures of PHI. We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Right to Access – You have the right to access PHI records created by Juliet Lam Kuehnle LCMHC, PLLC and Sun Counseling and Wellness as long as those records are maintained. We will provide a copy or summary of your health information within 15 working days of your written request. We may deny your request in certain circumstances. We may charge a reasonable, cost-based fee.
- Right to Explanation of Denial – There are certain situations in which we are not required to comply with your request. Under these circumstances we will respond to you in writing, stating why we will not grant your request.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be in writing. We may deny your request if the information was not created by us,

the information is not part of the records used to make decisions about you, or we believe the information is correct and complete.

- Right to Be Notified About a Breach– You have a right to be notified if there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI, that PHI has not been encrypted to government standards, and our risk assessment fails to determine there is a low probability that your PHI has been compromised.
- Right to a Paper Copy of the Privacy Notice– You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.
- Right to Terminate – You have the right to terminate therapeutic services at any time without legal or financial obligations other than those already designated or accrued. We ask that you discuss your decision with your provider in session before terminating, or at least contact your provider letting them know you are terminating.
- Right to Choose Someone to Act for You – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Minors’ Right to Consent to Services - Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses including: abuse of controlled substances or alcohol and emotional disturbance. If you are a minor and you consent to one of these services, you have all the authority and rights included in this notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this notice for all services.
- Right to File a Complaint – You have the right to file a written complaint with Juliet Lam Kuehnle LCMHC, PLLC and Sun Counseling and Wellness, the State of North Carolina Health Department, or the U.S. Department of Health and Human Services if you believe your PHI has not been handled appropriately or believe your privacy rights have been violated. We will do our best to resolve any problems. We will not in any way limit your care or take any actions against you if you file a complaint.

#### G. Juliet Lam Kuehnle LCMHC PLLC’s and Sun Counseling and Wellness’ Responsibilities

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. Any health care professional authorized to enter information into your health record, all employees, staff, trainees, and other personnel at Juliet Lam Kuehnle LCMHC, PLLC and Sun Counseling and Wellness who may need access to your information must abide by this notice.

We reserve the right to change the privacy policies and practices described in this notice and to make the new provisions effective for all PHI that we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will post a sign in our office and provide a copy of the revised policy at the office and on our website.

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 your provider.