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**NORTH CAROLINA NOTICE FORM
NOTICE OF PRIVACY 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.

Federal regulation, HIPAA (the Health Insurance Portability and Accountability Act of 1996), requires that I provide you with a Notice of Privacy Practices (NPP) and request a written acknowledgment that you received a copy of the notice. The notice describes how I may use and disclose your health information and also describes my legal obligations and your rights concerning this information. I am legally required to follow the terms of this Notice, such that I may only use and disclose medical information in the manner described in the Notice.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. 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 I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.

- *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I 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 my 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 my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

I 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 I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have 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 (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) I 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 WITHOUT AUTHORIZATION

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

Child Abuse: If you give me information which leads me to suspect child abuse, neglect, or death due to maltreatment, I must report such information to the County's 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, I must do so.

Adult and Domestic Abuse: If information you give me gives me reasonable cause to believe that a disabled adult is in need of protective services, I must report this to the Director of Social Services.

Health Oversight Activities: The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization, a court order, or you do not file the appropriate motion to object to the subpoena, if applicable. The privilege may 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: I may disclose your confidential information to protect you or others from a serious threat of harm by you.

Workers' Compensation: If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. 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 PHI. However, I am not required to agree to a restriction you request. If I agree, I will follow your request unless the information is needed to provide you with emergency treatment. You must tell me the type of restriction you want and to whom it applies.

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 me. On your request, I will send your bills to another address.) I will follow all reasonable requests. Your request must tell me how you wish to be contacted.

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may charge a reasonable, cost-based fee as provided by North Carolina law for any time spent in preparing your request. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Therefore, I will be happy to review the records with you or provide a summary to you, or work out any other reasonable method that satisfies you.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in your mental health record. You must provide a written request explaining why the information should be amended. I cannot take out or destroy any information already in your record. Your request may be denied under certain circumstances. Your letter will be attached to the information you wanted changed or corrected.

Right to an Accounting: When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me 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 insurance company when you pay out-of-pocket in full for my services. I will agree unless a law requires me to share that information.

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 there is a low probability that your PHI has been compromised.

Psychologist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice by posting a revised copy in a prominent place in the waiting room, provide a copy at the next session of therapy, or mail a copy to you.

V. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision I make about access to your records or have other concerns about your privacy rights, you may contact me. I am the designated privacy officer for my practice and can be reached by phone at 984-999-0524.

Written requests should be sent to me at the following address:

Tausha G. Watson, Psy.D., RPT
880 Martin Luther King Jr. Boulevard, Suite 102
Chapel Hill, NC 27514

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. They can be reached at the following address:

U.S. Department of Health and Human Services for Civil Rights
200 Independence Avenue, S. W.
Washington, D.C. 20201
1-877-696-6775
<https://www.hhs.gov/ocr/filing-with-ocr/index.html>

You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY

This notice will go into effect on January 1, 2023.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. I will provide you with a revised notice by giving you a copy of the revised notice at a session with you or by mailing a copy of the revision should a revision be made.

