

Hannah J. Holmes, PhD
895 State Farm Road, Ste 403
Boone, NC 28607
828-608-0006

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Hannah J. Holmes, Ph.D. (referred to in this document as “the provider”) may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

The provider is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. The provider is required to abide by the terms of this Notice of Privacy Practices. The provider reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. The provider will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW THE PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with the provider’s clinical supervisor. The provider may disclose PHI to any other consultant only with your authorization.

For Payment. The provider may use and disclose PHI to receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, the provider will only disclose the minimum amount of PHI necessary for the purposes of collection.

For Health Care Operations. The provider may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assurance activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Research. Under certain circumstances, the provider may use and disclose medical information about you for research purposes. For example, a research project may involve comparisons of two treatment techniques. All research projects will be reviewed by the Appalachian State University Institutional Review Board. This university process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the client’s need for privacy of their medical information. Before the provider discloses or uses the medical information for research, the project will have been approved through this research approval process, but we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

Without Authorization. Applicable law and ethical standards permit the provider to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of abuse, neglect, or exploitation of children or adults with disabilities or dependent elder adults, or mandatory government agency audits or investigations (such as the psychology or social work licensing boards or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. The provider may use or disclose your information to family members who are directly involved in your treatment with your verbal permission. For youth under the age of 18, the legal guardian (s) has a legal right to information.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may choose to revoke at any time.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI the provider maintains about you. To exercise any of these rights, please submit your request in writing to me at the address below or in person.

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- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. The provider may charge a reasonable, cost-based fee for copies. By law, I am required to maintain your PHI for 7 years after the last date of service delivery for adults over the age of 18, or until 3 years after a minor reaches the age of majority (i.e., 18 years old), whichever date is later.
- **Right to Amend.** If you feel that the PHI the provider has about you is incorrect or incomplete, you may ask for the information to be amended, although the provider is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that the provider makes of your PHI. The provider may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that the provider communicates with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Revoke Authorization.** You have the right to revoke your authorization for use or disclosure of PHI about you, except that such revocation will not affect uses or disclosures permitted or required by law without authorization or any use or disclosure that already has occurred prior to the revocation. A revocation of authorization must be in writing and signed by you.
- **Receive Notice.** You have the right to receive a notice of any breach of your unsecured PHI.

Our Responsibilities. We are required by law to protect the privacy of your PHI; abide by the terms of this Notice; make this Notice available to you; and notify you if we are unable to agree to a requested restriction or an alternative means of communicating. As described above, we will obtain your general consent for some uses and disclosures of PHI about you, for other uses and disclosures of PHI about you, we will obtain your authorization, and, in some circumstances, we may use and/or disclose PHI about you without your authorization.

COMPLAINTS

If you believe the provider has violated your privacy rights, you have the right to file a complaint in writing to me at the address below or in person or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (877) 696-6775.

The effective date of this Notice is February 2021, and will remain in effect until it is replaced.

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Name _____ DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Hannah Holmes at the address or phone number below or discuss them in person at my next appointment.

Signature of Client *Date*

*Signature or Parent, Guardian or Personal Representative ** *Date*

* *If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member *Date*

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