



TRUE Mental Health & Wellness, PLLC

Trust. Rapport. Understanding. Encouragement.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

TRUE Mental Health & Wellness PLLC is required by law to maintain the privacy of your health information. TRUE Mental Health & Wellness PLLC is also required to give you this Notice about its privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). TRUE Mental Health & Wellness PLLC will follow the privacy practices that are described in this Notice. If TRUE Mental Health & Wellness PLLC amends this Notice, you will be provided with the amended Notice for your information and signature.

For more information about the privacy practices, or for additional copies of this Notice, please let TRUE Mental Health & Wellness PLLC know your questions as soon as they arise.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- A. Permissible Uses and Disclosures Without My Written Authorization. TRUE Mental Health & Wellness PLLC may use and disclose your PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures of your mental health information that are legally permissible.
1. Treatment: TRUE Mental Health & Wellness PLLC may use and disclose your PHI to other clinicians involved in your care in order to better provide treatment to you. For example, TRUE Mental Health & Wellness PLLC may discuss your diagnosis and treatment plan with your psychiatrist or nurse practitioner. In addition, TRUE Mental Health & Wellness PLLC may disclose your PHI to other health care providers in order to provide you with appropriate care and continued treatment.
 2. Payment: TRUE Mental Health & Wellness PLLC may use or disclose your PHI for the purposes of determining coverage, billing, claims management and reimbursement. For example, a bill sent to your health insurer may include some information about our work together so that the insurer will pay for the treatment. TRUE Mental Health & Wellness PLLC may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.
 3. Health Care Operations: TRUE Mental Health & Wellness PLLC may use and disclose your PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, TRUE Mental Health & Wellness PLLC may disclose disguised information about our work for training purposes.
 4. Required or Permitted by Law: TRUE Mental Health & Wellness PLLC may use or disclose your PHI when required or permitted to do so by law. For example, TRUE Mental Health & Wellness PLLC may disclose your PHI to appropriate authorities if the LCSW reasonably believes that you are a possible victim of other crimes. In addition, TRUE Mental Health & Wellness PLLC may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers’ compensation claims, and disclosure to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

- B. Permissible Uses and Disclosures that May Be Made Without My Authorization, But For which You Have to Object.
 - 1. Family and Other Persons Involved in Your Care. TRUE Mental Health & Wellness PLLC may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, then TRUE Mental Health & Wellness PLLC will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, TRUE Mental Health & Wellness PLLC will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. TRUE Mental Health & Wellness PLLC will also use its professional judgment and experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment.
 - 2. Disaster Relief Efforts. TRUE Mental Health & Wellness PLLC may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.
 - C. Uses and Disclosures Requiring Your Written Authorization.
 - 1. Psychotherapy Notes. TRUE Mental Health & Wellness PLLC does keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For use in treating you.
 - b. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For use in defending TRUE Mental Health & Wellness PLLC in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
 - 2. Marketing Purposes. As a mental health therapy organization, TRUE Mental Health & Wellness PLLC will not use or disclose your PHI for marketing purposes. There may be times that TRUE Mental Health & Wellness PLLC uses written feedback provided from you on its website; however, PHI will be removed and you will be allowed to review prior to publishing. Your feedback will only be published with your written consent. You may request it to be removed at any time.
 - 3. Sale of PHI. As a mental health organization, TRUE Mental Health & Wellness PLLC will not sell your PHI in the regular course of business.
 - 4. Other Uses and Disclosures. Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before TRUE Mental Health & Wellness PLLC can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing TRUE Mental Health & Wellness PLLC with written or verbal notification of such revocation.
 - II. MY INDIVIDUAL RIGHTS
 - A. Right to Inspect and Copy. You may request access to your medical records and billing records maintained by TRUE Mental Health & Wellness PLLC in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, TRUE Mental Health & Wellness PLLC may deny access to your records. TRUE Mental Health & Wellness PLLC may charge a fee for the costs of copying and sending you any records requested.
 - B. Right to Alternative Communications. You may request, and TRUE Mental Health & Wellness PLLC will accommodate any reasonable request for you to receive your PHI by
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alternative means of communication or at alternative locations.

- C. Right to Request Restrictions. You have the right to request a restriction on your PHI that TRUE Mental Health & Wellness PLLC use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to TRUE Mental Health & Wellness PLLC at 15 Dawn Road, Suite 2, Pinehurst, NC 28374. TRUE Mental Health & Wellness PLLC is not required to agree to any such restrictions you may request, except if your request is to restrict disclosing your PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.
 - D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of disclosures of your PHI made by TRUE Mental Health & Wellness PLLC in the last six years, subject to certain restrictions and limitations.
 - E. Right to Request Amendment. You have the right to request that TRUE Mental Health & Wellness PLLC amend your PHI. Your request must be in writing and should explain why the information should be amended. TRUE Mental Health & Wellness PLLC may deny your request under certain circumstances.
 - F. Right to Obtain Notice. You have the right to obtain a paper copy of the Notice by submitting a request to TRUE Mental Health & Wellness PLLC at 15 Dawn Road, Suite 2, Pinehurst, NC 28374 at any time.
 - G. Right to Receive Notification of a Breach. TRUE Mental Health & Wellness PLLC is required to notify you if TRUE Mental Health & Wellness PLLC discovers a breach of your unsecured PHI, according to requirements under federal law.
 - H. Questions and Complaints. If you desire further information about your privacy rights or are concerned that TRUE Mental Health & Wellness PLLC has violated your privacy rights, please contact TRUE Mental Health & Wellness PLLC at 910-585-6108. You may also file a written complaint via email or online with the Office for Civil Rights (OCR) at the US Department of Health & Human Services. TRUE Mental Health & Wellness PLLC will not retaliate against you if you file a complaint.
- III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE
- A. Effective Date. This Notice is effective on March 01, 2021.
 - B. Changes to this Notice. TRUE Mental Health & Wellness PLLC may change the terms of the Notice at any time. If TRUE Mental Health & Wellness PLLC changes this Notice, TRUE Mental Health & Wellness PLLC may make the new notice terms effective for all PHI that it maintains, including any information created or received prior to issuing the new notice. If TRUE Mental Health & Wellness PLLC changes this Notice, it will post the revised notice in the office and on the website. You may also obtain any revised notice by asking TRUE Mental Health & Wellness PLLC directly.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (Print Patient Name) _____, acknowledge
that I received from TRUE Mental Health & Wellness PLLC, a copy of Notice of Privacy Practices.



Patient OR Authorized Representative's Signature **Date**

If signed by Authorized Representative, please complete the following:

Print Authorized Representative's Name: _____

Authorized Representative's relationship to Patient: _____

Clinician's Signature **Date**