

NOTICE OF PRIVACY PRACTICES

- Privacy Practices concern how your personal health care information may be used and/or disclosed, what your rights are with respect to health care information, and how and where you may file a privacy-related complaint. Procedural safeguards are in place to protect personal information, as well as limitations regarding the protection of such information.
- Information may be shared between clinicians at this Center/Clinic to provide psychotherapeutic services and to coordinate medical treatment. Information will be used administratively to collect payment through insurance companies or other third-party payers. Information may also be shared with others at your request with your written authorization. In some situations, by virtue of State and Federal statutory or legal mandates specific information may be released as required by law (i.e., when a situation arises where there is child abuse or neglect, if you pose a serious imminent danger to yourself or others, or per exceptions detailed in GS 122C Article 3 and GS CFR 164.512; copies of which is available to you at your request).
- You have the right to access information about you contained in your clinical record (with the exception of obtaining copies of psychotherapy notes, evaluations, and raw psychological testing data, or other information that would not be in your best interest to acquire). You have the right to be informed regarding the content of this information and to amend information in your record.
- You will be informed of rules you are expected to follow and the possible consequences for violation of these rules, as well as fees, collection practices, and suspension and expulsion practices from services (see Consent for Treatment / Client Contract and Payment Agreement forms).
- You have the right to accept and refuse treatment and to be treated with dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation.
- You may request a list of agencies, companies, or individuals that information has been released to from your record. (All requests of this nature must be submitted in writing to the designated Privacy Officer named below and will be responded to within 30 days.)
- You have, regardless of your age or the degree of my disability, a right to treatment including access to medical care and habilitation (although the latter two may not be available within this practice).
- You have the right to restrict disclosure of information to insurance companies/plans if you pay out of pocket, in full, for evaluation and/or treatment.
- If there is an unauthorized breach of your confidentiality you and the Department of Health and Human Services will be notified.
- You may obtain a copy of this Notice, the Disability Rights of NC, a summary of NC Client Rights in NC (G.S. 122C, Article 3) as well as, a copy of your treatment plan from your treating clinician.
- The terms of this Notice may be changed at any time and these changes will be posted in the waiting room of this Center/Clinic.
- You may request specific restrictions of disclosure of information
- If you have concerns about our privacy practices you should speak to directly to your treating clinician. If you are unsatisfied with the outcome you may contact Guy Kashgarian, PhD (910-509-0588) at the Wilmington office.
- If you wish to make a formal complaint, you may request a copy of the Complaint Form by writing a letter to the designated Privacy Officer, Guy Kashgarian, PhD, Director, FWPC, 2002 Eastwood Road, Suite 305, Wilmington, NC, 28403. You also have the right to make a complaint directly to the Federal Department of Health and Human Services and/or the Governor's Advocacy for Persons' with Disabilities.