

Ava Vaughan Therapy

NOTICE OF PRIVACY PRACTICES

Ava Vaughan must collect timely and accurate health information about you to accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide per your request for referral or as indicated by the laws and regulations to protect consumers. It is the legal duty of Ava Vaughan to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care and for other services relating to your health care.

The purpose of this NOTICE OF PRIVACY PRACTICES is to inform you about how your health information may be used by Ava Vaughan, as well as reasons why your health information could be sent to other service providers outside of this agency.

This NOTICE OF PRIVACY PRACTICES describes your rights regarding the protection of your health information and how you may exercise those rights. This NOTICE OF PRIVACY PRACTICES also gives you the names of contacts should you have questions or comments about the policies and procedures Ava Vaughan uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Responsibilities of Ava Vaughan

Ava Vaughan is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

Ava Vaughan is required by law to inform you of our legal duties and privacy practices with respect to your health information through this NOTICE OF PRIVACY PRACTICES. This NOTICE OF PRIVACY PRACTICES describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this NOTICE OF PRIVACY PRACTICES. We do, however, reserve the right to change our privacy practices and the terms of this NOTICE OF PRIVACY PRACTICES, and to make the new NOTICE OF PRIVACY PRACTICES provisions effective for all health information we maintain. Any changes to this NOTICE OF PRIVACY PRACTICES will be

posted in our office or virtual space. Copies of any revised NOTICE OF PRIVACY PRACTICES will be available to you upon request.

If at any time, you have questions or concerns about the information in this NOTICE OF PRIVACY PRACTICES or about our privacy policies, procedures, and practices, you may contact your individual service provider, Ava Vaughan.

Use and Disclosure of Health Information without Your Authorization

I. Treatment

Ava Vaughan may use your health information, as needed, to provide, coordinate or manage your health care and related services.

For Tennessee clients: [The following is based upon TN State law (GS 90-109.1) and applies to substance abuse providers, “If you request treatment and rehabilitation for drug dependence, your request will be treated as confidential. We will not refer you to another person for treatment and rehabilitation without your consent.”]

Example: We may disclose your health information to other mental health facilities or professionals (i.e., community-based area mental health, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) to coordinate your care.

Example: We may share your health information with a health care provider for emergency services.

II. Payment for Services

The service provided to you may be shared with a billing specialist entity so a bill can be prepared and / or payment processed for services rendered.

Example: A billing specialist may collect financial information from your therapist to collect or track payment for services.

III. Health Care Operations

Ava Vaughan may use or disclose your health information in performing a variety of business activities that we call “health care operations.” Some examples of how we may use or disclose your health information for health care operations are as follows:

- Provide information to professional organizations that evaluate, certify or license health care providers, staff, or facilities.
- Allow an attorney to use your health information when representing this agency in legal matters.

IV. Other Circumstances

Ava Vaughan may disclose your health information for those circumstances that have been determined to be so important that your authorization may not be required. Prior to disclosing your health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law
- For public health activities. For example, we may disclose health information to public health authorities if you have a communicable disease and we have reason to believe, based upon information provided to us, that there is a public health risk such as evidence of your noncompliance with your treatment plan. If you suffer from a communicable disease such as tuberculosis or HIV/AIDS, information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this Notice, we will not release any information about your communicable disease except as required to protect public health or the spread of a disease, or at the request of the State or Local Health Director.
- Regarding abuse, neglect or domestic violence
- For health oversight activities such as licensing or accreditation
- For law enforcement purposes unless otherwise prohibited by state or federal law
- For court proceedings such as court orders to appear in court
- Related to death such as disclosure to a funeral director
- Related to donation of organs or tissue
- To avert a serious threat to the health or safety of a person or the public
- Related to specialized government activities such as national security
- To correctional institutions or other law enforcement officials when you are in their custody
- For Worker's Compensation in cases pending before the Industrial Commission
- To your next of kin or other person involved in your care upon their request; however, information to be disclosed will be limited to admission, transfer, discharge, referrals and appointments and you will be notified of this request.

Contacting You

Ava Vaughan may use your health information to contact you as follows:

- Remind you of upcoming appointments.
- Make you aware of alternative treatment, services, products, or health care providers that may be of interest to you.

Please be sure to indicate your preferred method of contact or communication preferences at intake.

Disclosure of Your Health Information That Allows You an Opportunity to Object

There are certain circumstances where we may disclose your health information, and you have an opportunity to object. Such circumstances include:

- The professional responsible for your care may disclose your admission to or discharge from this provider to your next of kin.
- Disclosure to public or private agencies providing disaster relief.

Example: We may share your health information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about your health information in either of the situations listed above, please contact Ava Vaughan for consideration of your objection.

Disclosure of Your Health Information That Requires Your Authorization

Ava Vaughan will not disclose your health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization that allows us to share or request your health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing Ava Vaughan that you do not want any additional health information about you exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of your original authorization; however, verbal authorization is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information as created and maintained by Ava Vaughan:

1. Right to receive a copy of this NOTICE OF PRIVACY PRACTICES

You have the right to receive a copy of Ava Vaughan's NOTICE OF PRIVACY PRACTICES. At your first treatment encounter with this agency, you will be given a copy of this NOTICE OF PRIVACY PRACTICES and asked to sign an acknowledgement that you have received it. In the event of emergency services, you will be provided with the NOTICE OF PRIVACY PRACTICES as soon as possible after emergency services have been

provided. In addition, a copy of this NOTICE OF PRIVACY PRACTICES has been posted in the office of Ava Vaughan. You have the right to request a paper copy of this NOTICE OF PRIVACY PRACTICES at any time from Ava Vaughan.

2. Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this provider be sent to your work address rather than your home address. We will agree with your request if it is reasonable to do so; however, your request must be made in writing and forwarded to this provider.

3. Right to request to see and copy your health information

Whether you are a minor, incompetent adult or competent adult, you have the right to request to see and receive a copy of your health information for medical, billing and other purposes. Your request must be in writing and forwarded to your provider. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of your health information record, we may give you a summary or explanation of your health information, if you agree in advance to that format and to the cost of preparing such information.

Psychotherapy notes (notes taken in session or about a particular session) are excluded from your medical record and given special protection under HIPAA. These notes are considered the property of your provider and may be withheld if deemed in the best interest of the client.

Your request may be denied by your provider under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact your provider to request that a copy of your health information be sent to a physician or provider of your choice. Whenever you have a personal representative who consented to your treatment, the personal representative has the same right to request to see and copy your health information.

4. Right to request amendment of your health information

You have the right to request changes in your health information in medical, billing, and other records. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to your provider and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change your health information, we will add your amendment but will not destroy the original record.

In addition, we will make reasonable efforts to inform others of the changes, including people you name who have received your health information.

We may deny your request if:

- The information was not created by your provider (unless you prove the creator of the information is no longer available to change the information)
- The information is not part of the records used to make decisions about you
- We believe the information is correct and complete; or
- Your request for access to the information could potentially endanger you or another person

If we deny your request to change your health information, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of your record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

5. Right to request a listing of disclosures we have made

You have a right to a written list of disclosures of your health information. The list will be maintained for at least six years. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This provider is not required to include the following on the list of disclosures:

- Disclosure for your treatment
- Disclosure for billing and collection of payment for your treatment
- Disclosures related to our health care operations
- Disclosures that you authorized
- Disclosures to law enforcement when you are in their custody; or
- Disclosures made to individuals involved in your care

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12-month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. Right to request restrictions on uses and disclosures of your health information

You have the right to request that we limit our use and disclosure of your health information for treatment, payment, and health care operations. You also have the

right to request a limit on the health information we disclose about you to your next of kin or someone who is involved in your care.

Example: you could ask that we not disclose information about your family history of heart disease.

We will provide you with a form to document your request. We will make every attempt to honor your request but are not required to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time, and we will ask that your request be in writing. In addition, this agency may cancel a restriction at any time, if we notify you of the cancellation.

Violations/Complaints

If you believe your provider has violated privacy rights, or if you want to make a complaint regarding the privacy practices, you may contact your provider directly. Contact information is as follows:

Ava Vaughan
AvaVaughanLPC@protonmail.com
423-797-6395

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services or the respective state licensing board. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

Tennessee Board of Licensed Professional Counselors
Licensed Marital and Family Therapists and Licensed Pastoral Therapists
665 Mainstream Drive Nashville, TN 37243
(615) 741-5735

Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463
Phone: (804) 367-4610
Fax:(804) 767-6225
Complaints: (800) 533-1560

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblcmhc.org

Legal References

Primary Federal and State laws and regulations that protect the privacy of your health information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records – 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information – 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.