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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.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I reserve the right to change the privacy policies and practices described in this notice and to make the new provisions effective for all PHI that I maintain. Unless I notice you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a copy of the revised policy.

Definition of Terms

- Protected Health Information (PHI): Any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity and can be linked to a specific individual.
- Treatment: 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 another health care provider, such as your family physician.
- Payment: When I obtain reimbursement for your health care. Examples of payment are disclosure of PHI to health insurers to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations: 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 training programs for students.

- Use: Applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure: Applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.
- Authorization: Your written permission, above and beyond the general consent, to disclose psychological health information to specific entities. All authorizations to disclose must be on a specific legally required form.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: I may use or disclose your PHI, as needed, in order to provide, coordinate or manage your care. When I use or disclose protected health information, I share only the minimum necessary information. I typically use or disclose your PHI in the following ways.

- For Treatment: Internally in the course of your treatment and/or externally with other health care providers regarding your treatment.
- For Payment: For services provided to you.
- For Health Care Operations: As part of internal operations, to improve care, and to contact you when necessary.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my 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 my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my 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 psychologist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychologist, I will not sell your PHI in the regular course of my business.
4. Drug Dependence. North Carolina indicates that if you request treatment for drug dependence from me, your request will be confidential. I will not disclose your name to law enforcement or when making referrals unless you consent to me sharing it.

If you sign an authorization allowing us to use or disclose PHI, you can later revoke your decision in writing. The revocation will not apply to PHI that has already been used or disclosed.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. Requirements by Law. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. Serious Threat to Health or Safety. If I believe there is an imminent danger to your health or safety or that of another individual, or if there is a likelihood of a felony or violent misdemeanor, I may disclose information to take protective action, including communicating with the potential victim, appropriate family members, and/or the police, or to seek hospitalization.
3. Child Abuse. If I have cause to suspect that a child under 18 is abused, neglected, dependent, or has died as a result of maltreatment by a parent, guardian, custodian, or caretaker, the law requires that I file a report with the appropriate county Department of Social Services (see the North Carolina Juvenile Code).
4. Adult Abuse. If I have reasonable cause to believe a disabled or elder adult is in need of protective services, the law requires that I file a report with the appropriate county Department of Social Services (see the North Carolina Protection of the Abused, Neglected, or Exploited Disabled Adult Act).
5. Health Oversight Activities. If a health oversight agency would like to review my work for quality and efficiency or if I receive a subpoena from the North Carolina Board of Psychology or equivalent board.
6. Judicial and Administrative Proceedings, including responding to a court or administrative order. If you are involved in lawsuit or legal proceeding, and I receive a court order or other lawful process where I am obligated to comply. If you file a complaint or lawsuit against me, I may disclose relevant information.
7. Business Associates. If I use outside companies, such as vendors, liability insurance carriers, or electronic medical record platforms, I will sign and enforce business associate agreements, requiring these entities to provide appropriate safeguards and procedures for privacy and security of PHI entrusted to them under their contract with me.
8. Coroners or Medical Examiners, when such individuals are performing duties authorized by law.
9. Research Purposes. All identifying information will be removed for research purposes.
10. Communicable Disease. Under North Carolina law, if you have one of several communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), information about your disease will be treated as confidential and will be disclosed without your written permission only in limited circumstances. I may not need to obtain your permission to report information about your communicable disease to State and local officials or to protect against the spread of the disease.
11. Specialized Government Functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
12. Workers' Compensation Purposes. If you file a worker's compensation claim, I am required by law to provide your health information relevant to the claim to your employer and the North Carolina Industrial Commission.

13. Appointment Reminders and Health-Related Benefits or Services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
14. Other Purposes. I am allowed and/or required to share your information in other ways, usually in ways that contribute to public good. For example, for public health activities (investigating disease), for decedents (speaking to medical examiners, funeral directors, or organ procurement organizations), for law enforcement purposes (investigating a crime, correctional institutions), and for specific government functions (determining military benefits or national security).

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to Family, Friends, or Others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. Right to Treatment. You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
2. Right to Choose Your Treatment Provider. You have the right to decide not to receive services from me. If you wish, I will provide you with names of other qualified professionals.
3. Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
4. Right to Be Notified About a Breach. You have a right to be notified if there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI, that PHI has not been encrypted to government standards, and my risk assessment fails to determine there is a low probability that your PHI has been compromised.
5. Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
6. Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
7. Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it,

if you agree to receive a summary, within 30 days of receiving your written request. I may charge a reasonable, cost-based fee for doing so.

8. Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
9. Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
10. Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
11. Right to Terminate. You have the right to terminate therapeutic services at any time without legal or financial obligations other than those already designated or accrued. I ask that you discuss your decision with me in session before terminating or at least contact me to let me know that you are terminating.
12. Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
13. Right of Minors to Consent to Services. Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses, including: abuse of controlled substances or alcohol and emotional disturbance. If you are a minor and you consent to one of these services, you have all the authority and rights included in this notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this notice for all services.
14. Right to File a Complaint. You have the right to file a written complaint to me, the State of North Carolina Health Department, or the U.S. Department of Health and Human Services if you believe your PHI has not been handled appropriately or believe your party rights have been violated. I will do my best to resolve any problems. I will not in any way limit your care or take any actions against you if you file a complaint.

VII. MY RESPONSIBILITIES

I reserve the right to change the privacy policies and practices described in this notice and to make the new provisions effective for all PHI that I maintain. Unless I notice you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a copy of the revised policy.

If you have questions about this notice, disagree with a decision I made about access to your records, or have any other concerns about your privacy rights, you may contact me at dr Laurenstutts@gmail.com or 704.303.8757.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.

BY SIGNING THIS FORM BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.