HAYWOOD COUNSELING PLLC
600 Hospital Drive, Clyde, NC 28721
Phone: 828-316-1442 Email: mistya@haywoodcounseling.org
Privacy Officer: Misty Annarino, LCMHC/ Practice Owner

NOTICE OF PRIVACY PRACTICES

Effective Date: March 1, 2025

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

I. Our Commitment to Your Privacy

Haywood Counseling PLLC is dedicated to maintaining the privacy of your Protected Health Information (PHI). PHI is information about you, including demographic data, that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices.

II. How We May Use and Disclose Your PHI

The following categories describe the different ways we may use and disclose your PHI without your specific written authorization:

1. **For Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment and related services. For example, we may disclose PHI to other clinicians, psychiatrists, or primary care physicians involved in your care.
2. **For Payment:** We may use and disclose your PHI so that the services you receive may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about clinical sessions you received so they will pay us or reimburse you. (Note: If you pay out-of-pocket in full and request that we not bill your insurance, we will restrict disclosures to your health plan).
3. **For Healthcare Operations:** We may use and disclose your PHI to run our practice smoothly and ensure you receive quality care. Examples include quality assessment reviews, licensing, audits, and business planning.
4. **Required by Law:** We will disclose PHI when required to do so by federal, state, or local law.
5. **To Avert a Serious Threat to Health or Safety:** Consistent with applicable laws and ethical standards, we may use and disclose PHI when necessary to prevent a serious and

imminent threat to your health and safety or the health and safety of the public or another person.

6. **Abuse, Neglect, or Domestic Violence:** As required by North Carolina law, we must report suspected child abuse or neglect, or abuse/neglect of a disabled adult, to the appropriate state authorities.
7. **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court order or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only after efforts have been made to tell you about the request or to obtain an order protecting the information requested.
8. **Law Enforcement/Coroners/Medical Examiners:** We may disclose PHI for law enforcement purposes or to a coroner/medical examiner as required or permitted by law.

III. Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures beyond treatment, payment, and healthcare operations, we must obtain your written authorization. You may revoke this authorization in writing at any time.

- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes (separate notes documenting the contents of a counseling session) require your written authorization.
- **Marketing and Sale of PHI:** We will never sell your PHI or use it for marketing purposes without your explicit written authorization.

IV. Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your clinical and billing records. Under certain clinical circumstances, we may deny your request. If denied, you may request a review of the denial. We may charge a reasonable, cost-based fee for copying and mailing.
2. **Right to Request Restrictions:** You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or healthcare operations. We are not required to agree to your request, except if you request that we not disclose PHI to your health plan for payment purposes and you have paid for the services fully out-of-pocket.
3. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only calling your cell phone, or mailing bills to a P.O. Box).
4. **Right to Amend:** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You must make this request in writing and provide a reason. We may deny your request if the information was not created by us or is deemed accurate and complete.

5. **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or healthcare operations.
6. **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice at any time.
7. **Right to Notification of a Breach:** You have the right to be notified in the event of a breach of your unsecured PHI.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Haywood Counseling PLLC or with the Secretary of the U.S. Department of Health and Human Services (Office for Civil Rights). You will not be penalized or retaliated against for filing a complaint.

To file a complaint with Haywood Counseling PLLC, contact: **Privacy Officer**
Haywood Counseling PLLC
600 Hospital Drive, Clyde, NC 28721
[Insert Phone/Email]

Document 2: Practice Financial & Privacy Policy Addendum

(This document should be signed by the client during intake to clarify how insurance and sliding scale fees interact with their privacy).

HAYWOOD COUNSELING PLLC
600 Hospital Drive, Clyde, NC 28721

FINANCIAL AGREEMENT & PRIVACY ADDENDUM

Thank you for choosing Haywood Counseling PLLC. This document outlines our policies regarding insurance billing, our sliding scale fee structure, and how these financial processes impact your privacy.

1. Insurance Billing & Privacy Implications

If you choose to use your health insurance to pay for services, please be aware of the following:

- **Required Disclosures:** To submit claims, we must disclose certain PHI to your insurance carrier, including clinical diagnoses (DSM-5/ICD-10 codes), session dates, times, and types of service.
- **Clinical Audits:** Insurance companies have the right to audit clinical records to verify the medical necessity of treatment. This means your therapist's clinical notes may be reviewed by the insurer's clinical auditors.

- **Loss of Confidentiality Control:** Once information is submitted to your insurance company, Haywood Counseling PLLC no longer has control over how that information is stored or utilized by the insurer.
- **Alternative Option:** You have the right to pay out-of-pocket for services to avoid disclosing your PHI to your insurance company.

2. Sliding Scale Fee Policy & Documentation

Haywood Counseling PLLC offers a sliding scale fee structure to make mental health services accessible.

- **Eligibility Assessment:** To qualify for the sliding scale fee, you must provide proof of income (e.g., recent tax returns, pay stubs, or a written declaration of income).
- **Privacy of Financial Documents:** Any financial documentation you provide to verify eligibility for the sliding scale will be kept strictly confidential. These documents will be stored securely within your administrative file, separate from your clinical psychotherapy notes, and will not be disclosed to any third party without your explicit written consent, unless required by law or financial audit.
- **Periodic Re-evaluation:** Sliding scale eligibility is subject to review every [e.g., 6 or 12] months. You agree to notify us of any significant changes in your financial situation.

CLIENT ACKNOWLEDGEMENT & SIGNATURE

By signing below, I acknowledge that I have received and read the **Notice of Privacy Practices** and the **Financial Agreement & Privacy Addendum** for Haywood Counseling PLLC. I understand and agree to the terms outlined regarding the use of my clinical and financial information.

Client Name (Printed)

Client Signature

Date