



NOTICE OF CLIENT'S RIGHTS AND PRIVACY PRACTICES

Client's Rights

AS A CLIENT, YOU HAVE THE RIGHTS TO:

1. Health Care that meets professional standards.
2. Courteous and individualized health care treatment that is fair and given without discrimination as to race, color, gender, sexual orientation, national origin, source of payment, beliefs, or degree of mental health disability, developmental disabilities, and/or substance abuse disability based on General Statutes 122C-51.
3. Informed participation in all decisions concerning your health care.
4. Right to an individualized written treatment plan.
5. Information about the qualifications, names, titles or personnel responsible for providing your health care.
6. Privacy during any interview, testing, and treatment.
7. Right to refuse any treatment provided by staff or contract staff.
8. Right to withdrawal consent from treatment at anytime.
9. Right to withdrawal consent from a written release such as medical provider or other third party, at anytime.
10. Coordination and continuity of health care, including consultation regarding your case with other professionals with appropriate releases.
11. Access to all health records pertaining to you.
 - a. To obtain records, you must contact the PCFT office at 252-745-7401 and request records by written consent.
 - b. Once consent is obtained, PCFT will copy your health records to be picked up, or to be mailed. Please see privacy practices for further details.
12. Information on the fees for services provided by your therapist.
13. Information about diagnosis, prognosis and treatment, including benefits, alternatives, and the risks involved. Including, but not limited to the acknowledgement that psychotherapy may entail emotional pain, stress, and life changes. Although, psychotherapy helps many people, it may not always be helpful or effective.
14. Confidentiality of all records (except as otherwise provided by law or third party payer contracts) and all communications, written or oral, between patients, and health care providers.
15. Individuals in need of disability services have the right to contact the NC Disability Rights and Services at 1-800-737-3028.
16. Right to contact NC Department of Health and Human Services at 919-855-4800 and NC Division of Medical Assistance at 919-855-4100.
17. Right to access medical care for treatment of physical ailments with an appropriate provider.

_____ Initial that this section was reviewed with me



RELEASE, DISCLOSURE AND CONSENT

You have the right to consent to treatment, in which you sign a consent form at the beginning of treatment. You may revoke the consent of treatment at anytime without penalty. You have the right to choose any provider and have been informed that there are other qualified providers in the immediate and local areas. You may choose to leave this provider at anytime without penalty.

You may be asked to sign releases to obtain records and/or other information. These releases are typically valid for a 1-year period unless you deem otherwise. You may revoke this at anytime without penalty. Confidential information may not be release without your written consent expect in emergencies or as provided for in General Statues 122C-52 through 122C-56. The provision of services is not contingent upon such consent and of the need for such release. As the client or legally responsible party, you shall give consent voluntarily. Confidential information will not be disclosed without written consent when federal statutes prohibit that release.

_____ Initial that this section was reviewed with me

EXCEPTIONS TO CONFIDENTIALITY ARE:

1. When there is clear and present danger or harm to self or another identifiable person.
2. In case of apparent child abuse or vulnerable adult. Your therapist is required by law to report instances of physical and sexual abuse of children and vulnerable adults. We are also required by law to report physical neglect and mental injuries to children. These reports will be made to the Department of Social Services and/or Sheriff's Department, who in turn will investigate the report and keep the information confidential.
3. In the event the therapist has reason to believe a pregnant client is using certain illegal drugs for non-medical purposes.
4. In the event of a court order for information.
5. In the event a client reports sexual conduct with other licensed professionals.
6. In the event the parents or spouse of a deceased patient seek to exercise their legal right to access to their deceased child or spouse's health care records.
7. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

_____ Initial that this section was reviewed with me



CONFIDENTIALITY OF CHILDREN IN THERAPY:

It is our policy to provide a safe and trusting environment for your child to open up in therapy. We will provide general information about your child's treatment status. You will be informed if a therapist believes (under therapist discretion) your child is at serious risk.

_____ Initial that this section was reviewed with me

APPOINTMENT AND CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client. You may be billed a full session fee if: 1) you do not show up 2) Cancel with less than a 24 hour notice 3) or don't make alternate arrangements with the therapist. Illness or emergencies are excluded. If there are more than 3 missed appointments, the therapist has a right to terminate the therapeutic relationship and refer you to another professional if requested by the client.

By signing the intake form, I am giving Pamlico Child and Family Therapy permission to call or send a text message prior to an appointment to remind me or my child of the appointment date and time. For voice calls, I understand that a message may be left regarding my appointment at the number provided below. Pamlico Child and Family Therapy may also send out other general information related to PCFT. I understand that I can unsubscribe by replying "STOP" to any message received. PCFT does not charge for this service, but standard text messaging rates may apply.

_____ Initial that this section was reviewed with me

CONFIDENTIALITY RELEASE

I consent to properly authorize information being transmitted via cell phone (including voice and text messages), fax, or any online transmission and/or email with the understanding that complete confidentiality cannot always be guaranteed.

I have been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.

_____ Initial that this section was reviewed with me



BILLING POLICY

I understand that my signature indicates that I am ultimately responsible for payment and services rendered. I consent to the release of information from the therapist and Pamlico Child and Family Therapy to my insurance company, third party payer, and/or managed care organization (MCO) or therapist billing service to submit claims on my behalf and/or facilitate payment and continued coverage under the mental health benefit of my policy.

_____ Initial that this section was reviewed with me

Privacy Practices

This notice describes how medical and mental health information about you or your child may be used and disclosed. It also describes how you can get access to this information.

Please Review this Carefully.

Effective date: July 1, 2012

Revised Date: October 7, 2016

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. This information will be gathered through the signed release in which you signed except in cases where confidentiality can be broken, which is listed under your clients rights.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.



Request to Inspect Protected Health Information

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Pamlico Child and Family Therapy (PCFT) at 252-745-7401. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

You may obtain a copy of your treatment plan at anytime upon verbal or written request to PCFT staff; please allow up to 24 hours to process.

Payment

Your health information may be used to seek payment from your health plan, from other sources of coverage such as a credit card company that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

_____ Initial that the Privacy Practices page was reviewed with me

Health Care Operations

Your health information may be used as necessary to support the day-to-day activities and management of PCFT. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Suspected Abuse

Suspected abuse will be reported to the local Department of Social Services and/or Sheriff's Department.

Public Health Reporting

Your health information may be disclosed to public health agencies as required by law.



Other uses and disclosures require your authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.

Additional Uses of Information

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We also may send you information describing other health related products and services that we believe may interest you.

PCFT's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Each clinician is bound to their ethical guidelines as well.

_____ Initial that the Privacy Practices page was reviewed with me

Right to Revise Privacy Practices

As permitted by law, we reserve the right amend or modify our privacy practices and policies. These changes in our policies and practices may be required by changes in the federal and state laws and regulations. Upon request, we will provide you with most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Emergencies

If you are a client of Pamlico Child and Family Therapy and you are experiencing a mental health emergency, please call or text the office at (252) 639-8298, if it is during business hours. Please call the same number, if it is after business hours. PCFT staff will make every effort to see an emergency within 2 hours, which includes being seen after scheduled office hours. Urgent calls will be seen with 48 hours and Routine calls within 72 hours. If you are experiencing a medical emergency, please call 911. At times, PCFT may contract with another individual or agency for after-hour coverage.



Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Pamlico Child and Family Therapy
PO Box 408
Grantsboro, NC 28529

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

You are also allowed to contact the licensing board of the individual therapist to file a complaint.

Contact Person

The name, address and phone number of the person you may contact for further information concerning our privacy practices is:

Pamlico Child and Family Therapy
Attn: Stephanie Scott, Owner
PO Box 408
Grantsboro, NC 28529
252.665.4618

Effective Date

This notice is effective on or after July 1, 2012

_____ Initial that the Privacy Practices page was reviewed with me



Current Pamlico Child and Family Therapy Contacts

Afterhours Emergency Number:	252-639-8298
Mobile Crisis:	1-866-437-1821
24-Hour Crisis Care with Trillium:	1-877-685-2415

In case of an Emergency, please call 911

Important Numbers

Department of Health and Human Services:	919-855-4800
NC Division of Medical Assistance:	919-855-4100
Disability Right and Services	http://ncdhhs.gov/disabilities/
Children with Special Health Care Needs Helpline:	1-800-737-3028
Department of Social Services – Pamlico:	252-745-4086
Pamlico Sheriff’s Department:	252-745-3101
Medical Emergency:	911
Afterhours Emergency:	252-639-8298
Access to Care and Services through Trillium Health Resources:	1-866-998-2597