

**NOTICE OF PRIVACY PROCEDURES/PRIVACY NOTICE
(45 CFR 164-520)**

The federal government recently required us to provide this notice about protected health information. This notice describes how information about you may be used and disclosed and how you can get access to this information at Gates Psychological Services, PLLC Please review it carefully.

UNDERSTANDING YOUR HEALTH INFORMATION RECORD

Each time you visit a mental health provider, hospital or other provider, a record of your visit is made. Your mental health record contains symptoms, test results, diagnoses, history of treatment and a plan for future treatment. The information in your record serves as:

1. A basis for planning your care and treatment.
2. A means of communication among the health professionals caring for you with your consent.
3. A legal document describing the care you received.
4. Proof that services billed, were provided.
5. A means of communicating with your insurance companies.
6. A tool to assess and improve the quality of care we provide.

Knowing what is in your record and how your mental health information is used helps you to:

1. Ensure its accuracy
2. Better understand who, what, when, where and why others may access your mental health information
3. Make more informed decisions when authorizing disclosure of your information to others

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) FOR TREATMENT, PAYMENT AND BUSINESS OPERATIONS

Your signed consent to use and disclose protected health information (PHI) permits us to use your PHI information for the following purposes:

Treatment: We will use your mental health information for treatment. Information obtained by health care professionals is documented in your record to determine and monitor treatment. Your provider may be given copies of medical record reports in order to provide effective follow-up care.

Operations: In order for Gates Psychological Services, PLLC to operate in accordance with applicable laws and insurance requirements and in order for Gates Psychological Services, PLLC to continue to provide quality and efficient care, it may be necessary

for Gates Psychological Services, PLLC to use and disclose your PHI. These uses and disclosures include, but are not limited to, evaluating the performance of Gates Psychological Services, PLLC staff, quality of care assessments, investigations, licensing and accreditation, communication about wellness programs, training purposes and conducting or arranging for other healthcare related activities. In addition, your PHI may be utilized for healthcare operations relating to: enrollment in insurance plans, reducing risk and for insurance carrier accreditation purposes. We may also remove all information that identifies you from your PHI so that others may use it to study healthcare and healthcare delivery without identifying you.

Payment: In order to get paid for services provided to you, Gates Psychological Services, PLLC may provide your PHI, directly or through a professional billing service, to appropriate third party payers, pursuant to their billing and payment requirements about health care services that you received from CPS so that we can be properly reimbursed.

AUTHORIZATION NOT REQUIRED

Pursuant to state and federal law, there are instances where Gates Psychological Services, PLLC may use or disclose your PHI without a written authorization from you, including the following:

1. Personal Representative: to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
2. Public Health Activities: such activities include information collected by a public health authority as authorized by law. This includes reports of child abuse or neglect.
3. Abuse, Neglect or Domestic Violence: to a government authority if Gates Psychological Services, PLLC is required by law to make such disclosure. If Gates Psychological Services, PLLC is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if Gates Psychological Services, PLLC believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements to the law, which may also involve notice to you of the disclosure.
4. Legal Proceedings: for example, Gates Psychological Services, PLLC may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
5. Health Oversight Activities: such activities, which must be required by law, involve government agencies involved in oversight related to the healthcare system, government benefit programs and civil rights law.
6. Avert a Threat to Health or Safety: Gates Psychological Services, PLLC may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

7. Worker's Compensation: if you involved in a workers' compensation claim, Gates Psychological Services, PLLC may be required to disclosure your PHI to an individual or entity that is part of the workers' compensation system.
8. Risk Management: if you take legal action against Gates Psychological Services, PLLC or file a formal complaint that may result in legal action against Gates Psychological Services, PLLC will be provided to our attorneys.

YOUR HEALTH INFORMATION RIGHTS

Although your mental health record is the physical property of Gates Psychological Services, PLLC the information within it belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 by delivering a written request or contacting the Privacy Officer identified below. Gates Psychological Services, PLLC is not required to agree to your requested restrictions, however, if we do agree to the restrictions then they become binding.
2. Obtain a paper copy of this Notice of Health Information Practices upon request. Another source is our website: www.gatewaypsych.com.
3. Inspect and copy of all or part of your mental health record as provided for in 45 CFR 154.524. A fee of \$1.00 per page will be charged record copies. We require that you first complete our Authorization to Use and Disclose Health Information form and that you present appropriate identification before obtaining access to your records.
4. Amend (add to) your mental health record, with our approval.
5. Obtain an accounting of disclosures of your mental health information. There will be a fee of \$150.00 for the first request of an accounting of disclosures and Gates Psychological Services, PLLC reserves the right to increase this fee if you should request an accounting more than once in a twelve (12) month period.
6. Request confidential communications of your mental health information by alternative means or at alternative locations, such as mailing bills to a P.O. Box rather than your home mailing address.
7. Revoke any prior authorization to use or disclosure mental health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Gates Psychological Services, PLLC is required to:

1. Maintain the privacy of your health information.
2. Provide you with this notice regarding our legal duties and practices with respect to the information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations (such as mailing information to P.O. Boxes or electronic transmission).

If you believe your privacy rights have been violated, you are urged to bring it to the attention of the mental health provider who is or has provided care at Gates Psychological Services, PLLC. You could also contact the Secretary of the US Dept. Health and Human Services, Washington, DC 20201. To file a complaint with Gates Psychological Services, PLLC, you may submit a written complaint to Gates Psychological Services, PLLC, 1606 Wellington Avenue Suite H Wilmington, NC 28401. No retaliation will occur for any complaint that you file.

We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. Should our information practices change, we will post a revised notice in the public areas of our office and on our website.

We will not use or disclose your PHI without your written authorization, except as described in this notice. This notice is in effect as of December 16, 2012.