

Notice of Privacy Practices

Kaitlyn Daniels Counseling PLLC

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NOTICE OF PRIVACY PRACTICES

Effective Date: 03/01/2023

Health Insurance Portability Accountability Act (HIPAA)

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices so that you are aware of how your information may be shared. Your signature at the end of this document demonstrates that I have shared this information with you. You have the right and are welcome to ask any questions you may have about the information within this document. You may revoke this agreement in writing at any time.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written release of information that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. In this case, I will limit my disclosure to what is necessary. These reasons I may have to release your information without authorization include;

- If I am issued a subpoena or court order requiring me to disclose your information.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the NC Department of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the NC Department of Social Services. Once such a report is filed, I may be required to provide additional information.
- If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action,

including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

For Treatment/Operations - Some of the models of therapy I utilize in my practice require ongoing consultation in order to ensure best practices and serve you more comprehensively. Professionals with whom I receive consultation have signed BAA agreements to ensure that your information is held in strict confidentiality. These providers include Lindsey Harfst Counseling PLLC and Tristan Roderick LPA PLLC. In the event of disabling circumstances that render Kaitlyn Daniels Counseling PLLC unable to continue to provide you treatment, these providers will contact you and have access to your records in order to make appropriate referrals and process the storing of your records as is in compliance with HIPAA regulations.

For Billing/Payment - Kaitlyn Daniels Counseling PLLC may use and disclose your health information to obtain payment for services provided to you. Bills and insurance claims will provide client demographic, dates of services rendered, and fees charged, Diagnoses are provided in numerical code.

Client's Rights:

Right to Confidentiality - You have the right to have your health care information protected. All reasonable safeguards have been made to protect privacy and limit access to client medical records. All services provided through electronic transmissions and storage of your PHI are required to meet HIPAA standards, including the used of my electronic client record system, client portals, and emails. Your PHI may be utilized for returning phone calls and messages, leaving voicemails, as well as sending appointment reminders. If you do not wish to receive contact through any of these methods, please discuss this with me in session. While I take all appropriate measures to protect your privacy and confidentiality of PHI and clinical records, there exists no 100% guarantee that data transmission over the internet will remain secure. Your signature on this document signifies that you agree to hold Kaitlyn Daniels Counseling PLLC and Kaitlyn Daniels LCMHCA harmless should a breach of your privacy due to equipment failure occur or should your information be received by other than the intended recipient.

Right to Inspect and Copy - You have the right to view or obtain a copy (or both) of protected health information. Records must be requested in writing and release of information must be completed. Please make your request well in advance and allow 2 weeks to receive the copies. Kaitlyn Daniels Counseling PLLC reserves the right to determine if such viewing is in your best interest and that determination will be explained verbally and in writing.

Right to a copy of this notice - If you received this paperwork electronically, you have a copy of this notice in your client portal.

Right to Choose - You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

Right to Dignity and Equal Access- You have the right to be treated with consideration and respect for your personal dignity, autonomy, and privacy. You have the right to equal access to treatment regardless of race, religion, ethnicity, gender, age, sexual orientation, physical or mental handicap, and developmental disability.

Right to Terminate - You have the right to terminate therapy with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or contact me by phone letting me know you are terminating services.

Right to Release Information with Written Consent - With your written consent, your PHI can be released to a designated person or agency.

Therapist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify 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 revised notice in office during our session.

COMPLAINTS

If you are concerned that your rights have been violated, please discuss this with me. If a satisfactory conclusion cannot be reached, you may issue a complaint to the North Carolina Department of Health and Human Services or the North Carolina Board of Licensed Clinical Mental Health Counselors. If you send a complaint, I will not take any action against you or change our treatment of you in any way.

I acknowledge receipt of Kaitlyn Daniels Counseling PLLC Notice of Privacy Practices.

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