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Notice of Privacy Practices (NPP)

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

Privacy is important to clients coming to me for mental health services. Protecting your health information is also complicated, because federal and state laws and my professional Code of Ethics create rules and guidelines to help me protect your privacy. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, I am the compliance officer for my practice so please contact me with your questions: [Catherine DeLoach Lewis, MA, LCMHC](mailto:Catherine.DeLoach.Lewis@christiantherapyservices.com) and Owner of Christian Therapy Services, LLC, 704.370.033, cathy@christiantherapyservices.com

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A. Introduction: To my clients

This notice will tell you how I manage your medical information. It tells how I use this information here in this office, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. If you have any questions or want to know more about anything in this notice, please ask me, the compliance officer for answers or explanations.

B. What we mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment you received from me or from others, or about payment for health care. All this information is called "PHI," "protected health information" which means its privacy must be protected. Your PHI is part of your records and locked in my file cabinet located in my locked office. I keep paper records in a file cabinet in my office with a double lock system – key for the file cabinet, key for my office door, and when leaving for the evening, a key to my office building which is also locked.

In my office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment such as problems, concerns, complaints, symptoms, or therapeutic needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a description of the treatments and other services that I believe will best help you.
- Progress notes: Each time we have a therapy session or consultation, I write down some things about how you are doing, what I notice about you, and what you share with me that's pertinent to your therapy.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

I can also use your PHI for these purposes:

- To plan your care and treatment.
- To decide how well treatments are working for you.
- When I collaborate with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me, I will ask for your written consent. Almost always, I will also ask you to sign a release-of-information form, which will explain what information is to be shared and why.
- For teaching and training other health care professionals or for medical or psychological research. I do not usually participate in psychological research. If I do, your name will never be shown, and there will be no way researchers can find out who you are. Before I participate in psychological research, I will ask you to consent by signing an authorization, so that you will know what information will be shared and why.
- To show that you received services from me, which you can use to file with your insurance company for reimbursement for my services, except for Medicare and Medicaid. I do not accept either and Medicare does not accept my paperwork to reimburse you for out-of-network benefits.
- For public health officials trying to improve health care in this area of the country.
- To improve how I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who should have this information, when they receive it and for what reasons.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. North Carolina HIPAA and Privacy Laws are available here: <https://publichealth.nc.gov/privacy.htm>. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and privacy practices.

This form is not legal advice. It is just to educate you about your rights and my procedures and is based on current federal and state laws which may change. If I change my privacy practices, they will apply to all the PHI I keep. I will also have a copy available in my office and post a notice indicating that my updated Notice of Privacy Practices is available from me, the compliance officer.

D. How your protected health information (PHI) can be used and shared

Except in some unusual circumstances, when I use your PHI in this office or disclose it to others, I share only the *minimum necessary* PHI. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So now I will tell you more about what I do with your information.

Mainly, I will use and have your PHI here in my office and disclose (share) your PHI for routine purposes to provide for your care which are explained in more detail below. If I need to use your PHI for other reasons, I must tell you and will ask you to sign a written Release of Information form. However, the HIPAA law also says there are some uses and disclosures that don't need your consent or authorization (see #3 below in this Section D). However, in most cases I will explain the PHI and who it will go to and ask you to agree to this by signing a release-of-information form.

1. Uses and disclosures with your consent

I need information about you and your condition to provide professional mental health care to you. In almost all cases, I sometimes use your PHI with others who have/or are providing treatment to you so I can provide appropriate treatment to you, arrange payment for my services, or some other business functions called "health care operations." To provide mental health care to you, you need to agree that I can share your PHI in ways described in this Notice of Privacy Practices. To agree, **I will ask you to sign the Informed Consent and Office Information Form, separate from this NPP,** before treatment begins in the first therapy session. If you do not sign the Informed Consent and Office Information form, I will be unable to provide therapy services.

a. The basic uses and disclosures: For treatment, payment, and health care operations

Here is how your information will be used for these purposes.

For treatment. I use your information to provide you with psychological treatments or services. These include individual therapy; psychoeducation; consultations; treatment planning; or measuring the benefits of my services.

For payment. I may use your information to bill you, or others, so I can be paid for the treatments I provide to you.

For healthcare operations. I may share your PHI with others who provide treatment to you. I sometimes try to share your information with your Primary Care Physician unless you tell me not to. If you are being treated by a team, we can share some of your PHI with the team members, so that these providers will work better together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record so we all can decide what treatments work best for you and follow a treatment plan.

If I want to share your PHI with any other professionals outside this office, I will need your permission on a signed release-of-information form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I refer you, again, with a signed release from you, I will disclose what may be needed for your continued care. If you receive treatment in the future from other professionals, again, with a signed release of information form from you I can also share your PHI with them, in the form of a Treatment Summary that will include your PHI. This is so that you will know what information is being shared and with whom. Here are some examples of how I use and disclose your PHI for treatment.

b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business associates. I hire other businesses to provide services for me such as website design, managing virtual platforms, troubleshooting payment apps. The law calls these vendors I hire my "business associates." Examples include Third Party Payment processing apps, marketing apps, and website managers. Sometimes, these business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information.

2. Uses and disclosures that require your consent

To use your PHI for purposes other than those just described, I need your signature on a release-of-information form. If you allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any

time. I will then stop using or disclosing your information for the purpose for which it was disclosed except for what has already been disclosed which was already done with your permission.

As a Licensed Clinical Mental Health Counselor licensed in North Carolina, I'm required to abide by the American Counselor's Association (ACA) Code of Ethics, so I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but most of the time, when I need to disclose your information, I will talk with you first and ask you to sign a release of information form so you know what information is being disclosed.

3. Uses and disclosures that don't require your consent or authorization

In some cases, the HIPAA laws let me use and disclose some of your PHI without getting your consent or authorization. Here are some examples:

a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

- I must report suspected abuse [or neglect of children [elders, frail/disabled persons, etc.] to a state agency.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will attempt to tell you about this request and will suggest you talk to your lawyer.
- I must disclose some information to the government agencies that audit me to be sure I am obeying the privacy laws, and to organizations that review my work for quality and efficiency.

b. For law enforcement purposes

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

I may disclose some of your PHI to agencies that investigate diseases or injuries.

d. For matters relating to deceased persons

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to prisons if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If I believe there is a serious threat to your health or safety, of another person or the public, I can disclose some of your PHI. I will only disclose this information to people responsible for preventing the danger.

If there is an emergency, and I am unable to get your agreement, I can disclose information if I believe you would have wanted me to do so and if I believe this action will help you. When I do share information in an emergency, I will tell you as soon as possible. If you don't approve, I will stop disclosing your information, if stopping sharing this information is not breaking the law.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family and anyone else you choose such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes if I am not breaking the law.

5. An accounting of disclosures we have made

When I disclose your PHI, I will keep a record to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. I do not send records electronically so if copies need to be mailed, I will charge for my time, the cost for

the copies and postage. [\(See Informed Consent and Office Information Form\)](#)

E. Your rights about your protected health information

1. You can ask me to communicate with you about your health and related issues in a particular way or place more private for you. For example, you can ask me to schedule or cancel your appointment by calling you at home instead of at work.

Regarding emails, they can be read by others, so please be thoughtful when including your PHI in an email. When you email me and include your PHI, you are accepting the risks that your PHI may not be private. I make copies of all email correspondence with my clients, place in your file and then delete from my computer. But even if I don't place an email from you in your file, this email is still part of your legal record. If you need, I may be able to establish a secure email protocol, otherwise we can use email for simple uses like scheduling and changing appointments and emails with virtual links for our virtual sessions. [By signing the separate Informed Consent and Office Information Form](#), you agree to use email for these simple purposes. So please do not forward emails to me from third parties or others in your life. It is better to print these emails for us to discuss in our session.

2. You have the right to ask me to limit what PHI I share with others involved in your care or with payment for your care, such as family members and friends. I will ask you to give me written permission for this limited communication even if you make this request in person. I'm not required to meet this request, but if I do, I will honor it unless it is against the law, when there is an emergency, or when I need to disclose the information to treat you.
3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses if you paid me directly ("out of pocket") for the treatment or other services and are not asking the insurer to pay for those services.
4. You have the right to look at the PHI I have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading your PHI would cause serious harm to you or someone else, you may not be able to see all the information.
5. You can get a copy of these records. Because I keep paper records and not electronic records, I will charge you a reasonable cost-based fee [\(See Fees on Informed Consent and Office Information Form\)](#). Contact me, the compliance officer, to arrange how to see your records. Generally, I do not recommend you get a copy of your records, because the copy may be seen accidentally by others. I can offer to review the records with you or provide a summary to you, or another method to address your need.
6. You have the right to amend your records, by adding to, explaining, or correcting inaccurate information. If you believe the information in your records is incorrect or missing something important, you can ask me to make additions to your records or to include your own written statements to correct the situation. I need you to make this request in writing and send it to me, the compliance officer.
7. You have the right to a copy of this notice which is the reason I include this NPP with the forms you need to complete to begin therapy. If I change this notice, I will place the updated NPP in my office indicating the revised updated copy is available from me, the compliance officer if you ask for one.
8. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me, the compliance officer. I will work to resolve any problems and address your concerns. You have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.
9. I will not limit your care or take any actions against you if you complain or request changes to your PHI.

You may have other rights that are granted to you by the laws of North Carolina, and these may be the same as or different from the rights described above. Here is North Carolina's link for HIPPA <https://publichealth.nc.gov/privacy.htm>

F. If you have questions or problems

If you have any questions or problems with my health information privacy policies, please contact our compliance officer Catherine DeLoach Lewis, MA, LCMHC, Owner of Christian Therapy Services, LLC, 704.370.0334, cathy@christiantherapyservices.com.

The effective date of this notice is 08/03/2021 Rev. 6/03/2022 Rev. 2/02/2023 Rev. 3/15/2023 Rev. 6/12/24
