



Helping families with Huntington's disease

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## **Notice of Privacy Practices and Acknowledgement of Receipt**

### **I. PURPOSE**

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

### **II. HD REACH'S LEGAL DUTIES.**

HD Reach is required by law to maintain the privacy and security of your protected health information ("PHI"), provide you with a copy of this Notice, and abide by the terms of this Notice currently in effect. The PHI constitutes information created or noted that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. HD Reach is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how HD Reach would use and/or disclose your PHI. Use of PHI means when HD Reach shares, applies, utilizes, examines, or analyzes information within our practice; PHI is disclosed when HD Reach releases, transfers, gives, or otherwise reveals it to a third party outside our practice. With some exceptions, HD Reach may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, HD Reach is always legally required to follow the privacy practices described in this Notice, as it may be amended by HD Reach from time to time.

Please note that HD Reach reserves the right to change the terms of this Notice and Privacy Practices at any time as permitted by law. Any changes will apply to PHI already on file with HD Reach. Before HD Reach makes any important changes to our policies, HD Reach will immediately change this Notice and post a new copy of it on our website. You may also request a copy of this Notice from HD Reach, or you can view a copy of it in our office or on our website, which is located at <http://www.hdreach.org>.

### **III. HOW HD REACH WILL USE AND DISCLOSE YOUR PHI.**

HD Reach will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some Examples.

A. **Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. HD Reach may use and disclose your PHI without your consent for the following reasons:**

1. **For treatment:** HD Reach can use your PHI within our practice to provide you with treatment, including discussing or sharing your PHI with trainees and interns and providing you with appointment reminders. HD Reach may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. *Example:* If a psychiatrist is treating you, HD Reach may disclose your PHI to her/him in order to coordinate your care.
2. **For health care operations:** HD Reach may disclose your PHI to facilitate the efficient and correct operation of our practice. *Example:* Quality control – HD Reach might use your PHI in the evaluation of the quality of health care services that you have received. HD Reach may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.
3. **To obtain payment for treatment:** HD Reach may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. *Example:* HD Reach might send your information to business associates such as a payment processor like PayPal which processes billing for our office. HD Reach will only disclose the information pertinent to the collection of fees. HD Reach will only disclose the information pertinent to the collection of fees.
4. **Other disclosures:** *Example:* Your consent isn't required if you need emergency treatment provided that HD Reach attempts to get your consent after treatment is rendered. In the event that HD Reach tries to get your consent, but you are unable to communicate (if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, HD Reach may disclose your PHI.

B. **Certain Other Uses and Disclosures Do Not Require Your Consent. HD Reach may use and/or disclose your PHI without your consent or authorization for the following reasons:**

1. When disclosure is permitted or required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. *Examples:* HD Reach may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in a judicial or administrative proceeding; HD Reach may disclose your PHI if HD Reach has a reasonable suspicion of child abuse or neglect, elder abuse or neglect, or domestic violence.
2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
3. If disclosure is compelled by you or your representative.

4. To avoid harm. HD Reach may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public reaction. *Example:* If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if HD Reach determines that disclosure is necessary to prevent the threatened danger.
5. For public health activities. *Example:* In the event of your death, if a disclosure is permitted or compelled, HD Reach may need to give the county coroner information about you.
6. For health oversight activities. *Example:* HD Reach may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
7. For specific government functions. *Example:* HD Reach may disclose PHI of military personnel and veterans under certain circumstances. Also, HD Reach may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
8. For research purposes. In certain circumstances, HD Reach may use deidentified information about you for research purposes.
9. For Workers' Compensation purposes. HD Reach may provide PHI in order to comply with Workers' Compensation laws.
10. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to *subpoena duces tectum* (for instance, a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
11. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. *Example:* When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

Disclosures to family, friends, or others. HD Reach may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Will Not Be Made Without Your Prior Written Authorization.**

Most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI require prior written authorization by you. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that HD Reach hasn't

taken any action subsequent to the original authorization) of your PHI by HD Reach.

#### IV. YOUR RIGHTS REGARDING YOUR PHI

These are your rights with respect to your PHI:

- A. **The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is in the possession of HD Reach, or to get copies of it; however, you must request it in writing. You will receive a response from HD Reach within 30 days of receiving your written request. Under certain circumstances, HD Reach may feel we must deny your request, but if we do, HD Reach will give you, in writing, the reasons for the denial. HD Reach will also explain your right to have the denial reviewed. If you ask for copies of your PHI, HD Reach will charge you not more than \$.25 per page. HD Reach may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- B. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that HD Reach limit how we use and disclose your PHI. While HD Reach will consider your request, we are not legally bound to agree. If HD Reach does agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that HD Reach is legally required or permitted to make.
- C. **The Right to Choose How HD Reach Sends Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (*Example:* sending information to your work address rather than your home address) or by an alternate method (*Example:* via email instead of by regular mail). HD Reach is obliged to agree to your request providing that we can give you the PHI, in the format you requested, without undue inconvenience. HD Reach may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- D. **The Right to Get a List of the Disclosures HD Reach Has Made.** You are entitled to a list of disclosures of your PHI that HD Reach has made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. Disclosure records will be held for six years.

HD Reach will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. HD Reach will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

- E. **The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that HD Reach correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. HD Reach may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than HD Reach personnel. The HD Reach denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If HD Reach approves your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.
- F. **The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

**V. HOW TO COMPLAIN ABOUT HD REACH PRIVACY PRACTICES**

If, in your opinion, HD Reach may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint. You may do so by contacting our Privacy Officer listed below. You may also send a written complaint to the Secretary of the Department of Health and Human Services. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, please contact the following person:

Debbi Fox-Davis  
2409 Crabtree Ct, Suite 107  
Raleigh, NC 27604  
919.327.1801  
[info@hdreach.org](mailto:info@hdreach.org)

**VII. NOTIFICATIONS OF BREACHES**

In the case of a breach, HD Reach is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, HD Reach is ultimately responsible for providing the notification directly or via the business associate. HD Reach bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

## **VIII. PHI AFTER DEATH**

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. HD Reach may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

## **IX. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS**

You have the right to request to inspect or obtain a copy of your PHI. Copies of your PHI will be provided to you within two weeks. You have the right to ask us to correct any PHI that you think is incorrect or incomplete. You also have the right to ask us for a list (accounting) of the times we have shared your PHI during the past six years prior to the date of your request. We will include all disclosures, except those for treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). Such requests must be in writing.

You have the right to reasonably request to receive confidential communications of PHI by alternative means or at alternative locations. You may also request in writing that we not use or disclose your PHI for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. HD Reach will consider all requests on a case-by-case basis, but the practice is not legally required to accept them. Such requests must be in writing.

You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket in full. We will comply with such a request, unless a law requires us to share that information.

You have the right to receive a paper copy of this Notice (even if you have agreed to receive an electronic version). You can obtain a printable PDF of the HD Reach Notice of Privacy Practices on the HD Reach website at [[www.hdreach.org](http://www.hdreach.org)] or you may get a copy from the facility where you obtained treatment.

## **X. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on September 1, 2019.

**ACKNOWLEDGMENT OF RECEIPT OF**  
**NOTICE OF PRIVACY PRACTICES**

The HD Reach Notice of Privacy Practices (the “Notice”) provides a complete description of your privacy rights as a client of HD Reach and describes in detail how HD Reach may use or disclose your protected health information. The Notice also discusses your rights and our duties regarding your protected health information. You have the right to review the Notice before signing this acknowledgement.

By signing this form, you acknowledge that you have received a copy of the Notice. You also acknowledge that HD Reach may change the Notice from time to time, and that you may contact HD Reach’ HIPAA Compliance Officer as set forth in the Notice to obtain a current copy of the Notice.

Client Name: \_\_\_\_\_

Client (or Authorized Representative) Signature: \_\_\_\_\_

Date: \_\_\_\_\_