



Spectrum Services
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NOTICE OF PRIVACY PRACTICE

This document describes how Spectrum Services may use and disclose psychological, medical and financial information about you (“Protected Health Information” – PHI) that is in our possession according to the Health Insurance Portability and Accountability Act (HIPPA) – a federal law that provides privacy protections and patient rights regarding use and disclosure of your health information. It also describes how you can access this information.

Spectrum Services may change privacy practices at any time as allowed by state and federal law. If significant changes are made to those practices, Spectrum Services will amend this Notice and make the new Notice available on request. To request a copy of our Notice or for more information, please contact us. Please review this notice carefully.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Federal law does not require us to obtain consent to use or disclose your PHI for treatment, payment and health care operations. We may use or disclose your PHI to another health care professional to provide treatment to you. We may use or disclose your PHI to obtain payment for services we provide to you or to determine eligibility or coverage for services. We may also use your PHI in connection with performance and operation of OSPA. This includes quality assessment, licensure and credentialing activities, training, audits, administrative services, case management and care coordination, among other similar activities.

USES PURSUANT TO AN AUTHORIZATION

As permitted by federal and state law, we may disclose your PHI with your consent. You may generally revoke your consent in writing at any time to the extent we have not already relied on that consent. It is understood that such consent may authorize the release of information to which you have not had access or to information that has not been generated at the time of the execution of the release.

FURTHER DISCLOSURES

Federal and state law do not require patient consent for the following disclosures:

- Child abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
- Adult abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.
- Judicial/Administrative Proceedings: We must comply with an appropriately issued court order or subpoena requiring that we release your PHI.
- Serious Threat to Health or Safety: We may disclose your PHI to protect you or others from a serious threat of harm.

- Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.
- As Required by Law: There may be instances where either federal or state law requires that we release your PHI.

PATIENT RIGHTS

- You have a right to request restrictions on certain uses and disclosures of PHI; however, federal law does not require that we comply with all requests. You can request and receive confidential communications of PHI by specified means and at alternative locations.
- You may inspect or obtain a copy of PHI in certain circumstances when requested in writing. If we deny you that right, you may have this decision reviewed. We will answer your questions concerning the details of the reviewing process. If you do receive a copy of your PHI, because these are professional records, they can be misinterpreted to untrained readers. For this reason, we recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents.
- You may request an amendment of PHI so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request. We will answer your questions about the amendment process.
- You have a right to receive an accounting of most disclosures of PHI for which you have not provided consent. We will answer your questions concerning the accounting process.
- You have a right to obtain a paper copy of this notice from us upon request.

QUESTIONS

If you have questions about this notice, disagree with a decision we make about access to your PHI or have other concerns, please contact us.

I have received a copy of Spectrum Service's Notice of Privacy Practices.

Signature: _____

Date: _____