TRIANGLE CENTER FOR EMOTIONAL WELLNESS, PLLC

5011 Southpark Dr.Su.130
Durham, NC 27703
919.408.7839 Fax: 866.591.8457
Tawb106@gmail.com
www.shiftinward.com

HIPPA NOTICE OF PRIVACY PRACTICES

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.

We May Use and Disclose Information under the following conditions:

Our Uses and Disclosures
We may use and share your information as we:

- Exchange information for treatment, insurance billing, payment and healthcare operations
- For Workers Compensation and similar benefit programs
- If there is a medical or psychiatric emergency
- Legal or court proceedings
- To report instances of neglect or abuse of a child, disabled person or elderly person

You're Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You have the right to review your health information.ie. medical and billing records
- You have the right to request restriction of disclosure of your health information with exception of issues related to self harm /danger to someone else, child or elder abuse or a court order.
- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing.

Request confidential communications

- Contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer unless a law requires us to share that information.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at **Tawb106@gmail.com**
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I have been given a copy of this notice. My signature below reflects that I understand the Notice of Privacy Practices and have received a written summary.

__________________________ __________________________ _______________
Print name of Client Signature of Client Date