

BARBRA ROGOFF, LCSW
Psychotherapist

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NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is being provided to you as a requirement of Federal law, the Health Insurance Portability and Accountability Act (HIPAA) and includes changes and other additions caused by the Federal HITECH Act (2009), and applicable North Carolina Law.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY BARBRA ROGOFF, LCSW IT ALSO DESCRIBES YOUR RIGHTS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I know that this Notice is long, however it is important. HIPAA, HITECH, and North Carolina laws require me to address specific items in this Notice. I am committed to protecting the privacy of your health information and your rights to receive certain information under HIPAA.

I am required to abide by the terms of this Notice of Privacy Practices, which is the Notice currently in effect. As provided by law, I reserve the right to make changes to this Notice and to make such changes effective for all PHI/SHI I may already have about you. If I change this Notice, I will provide you with a revised notice by:

- Posting the revised notice in my office;
- Making copies of the revised notice available upon request; and
- Posting the revised notice on my website, www.brogofflcsw.com.

You will be asked to acknowledge and confirm that you received this Notice and any revisions of this Notice. My services are not conditioned upon your acknowledgement.

Understanding Health Record Information

You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) and Sensitive Health Information (SHI) (both shall be meant when either term is used herein) about you in two sets of professional records. One set constitutes your clinical record. It may include your personal demographics, insurance information, information about your reasons for seeking therapy, a description of the ways in which your problems impact your life, your diagnosis, the goals we have set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, any records or documents I receive from your or another party, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier.

In addition, I also keep a set of psychotherapy notes. These notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of psychotherapy notes vary from client to client, they can include the contents of our sessions and conversations, my analysis, and how they impact your therapy. They may also contain particularly sensitive information that you may reveal to me that is not required to be included in your clinical record, and information supplied to me confidentially by others. Your psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you, and cannot be sent to anyone else, including insurance companies, without your written, signed psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you, and cannot be sent

to anyone else, including insurance companies, without your written, signed authorization, except to defend a legal action or other proceeding brought against me by you. Insurance companies cannot require your authorization as a condition of coverage, and they cannot penalize you in any way for your refusal to provide them.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.

My Responsibilities

In addition to providing you your rights, Privacy Standards require I take the following measures:

- Maintain the privacy of your PHI/SHI, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- When using or disclosing PHI/SHI, make reasonable efforts to limit PHI/SHI to the minimum necessary to accomplish the intended purpose.
- Provide you this notice as to my legal duties and privacy practices with respect to individually identifiable health information that I collect and maintain about you.
- Abide by the terms of this notice.
- Tell you about any changes in the notice.
- Notify you if your PHI/SHI created or received by me is subject to electronic disclosure.
- With exceptions, not sell any PHI/SHI.
- Train any personnel concerning my privacy practices and North Carolina and Federal guidelines.
- Disclose any breach of unencrypted PHI/SHI or any access I think an unauthorized person might have.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or my policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

USES AND DISCLOSURE OF PHI/SHI

Your protected health information may be used and disclosed by me for the purpose of providing health care services to you. Following are examples of the types of uses and disclosures of your protected health information that I am permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by my office.

Uses and Disclosures Without Your Written Authorization

Treatment: I may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services with another provider. I may also disclose protected health information to other providers who may be treating you. For example, your protected health information may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you or in response to a referral to me from another provider.

Payment: Your protected health information may be used and disclosed, as needed, to obtain payment for your health care services provided by me. This may include certain activities that your health insurance plan may

undertake before it approves or pays for the health care services I recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. I may also need to share portions of medical information about you with the following:

- Insurance companies, health plans and their agents which may be responsible for payment of your health care bills;
- Others who you indicate are responsible for your bills, such as your spouse or a guarantor of your bills, as necessary for me to collect payment; and
- Collection departments or agencies, or attorneys assisting me with collections, including the State of North Carolina Office of the Attorney General.

Health Care Operations: I need to use and disclose your PHI in performing business activities, which I call “health care operations”. These “health care operations” allow me to improve the quality of care I provide and reduce health care costs. Examples of the way I may need to use or disclose your PHI for “health care operations” include the following:

- Reviewing and improving the quality, efficiency, and cost of care that I provide to you and my other patients.
- Cooperating with outside organizations that assess or audit the quality of the care I and others provide. These organizations might include government agencies or accrediting bodies.
- Cooperating with outside organizations that evaluate, certify or license social workers. For example, I may need to use or disclose PHI to demonstrate expertise in a specific area or to organizations which accredits my profession.
- Assisting various people who review my activities. For example, your PHI may be seen by those reviewing or auditing the services I provide, and by accountants, lawyers, and others who assist me in complying with applicable laws.
- Planning for my future operations.
- Conducting business management and general administrative activities related to the services I provide, such as activities performed for Risk Management.
- Resolving grievances.
- Reviewing activities and using or disclosing PHI in the event that I sell my business, property or give control of my business or property to someone else.
- Complying with this Notice and with applicable laws.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

You may revoke your authorization at any time by giving me written notice. Your revocation will be effective when I receive your written notice. If you revoke your authorization I will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that I am unable to take back any disclosures already made with your authorization. If you do revoke your authorization and I will not be permitted to use or disclose information for purposes of treatment, payment, or operations, I may choose to discontinue providing you with treatment and services.

Uses and Disclosures Permitted with Your Informal Permission

For Notification and Other Purposes: I may rely on your informal permission to disclose to your family, relatives, friends, or to other persons whom you identify, protected health information directly relevant to their involvement in your care or payment for care. Similarly, I may rely on your informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for your care of your location, general condition, or

death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

Authorized Use and Disclosures without Your Consent or Authorization

When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding.

When the use and/or disclosure is necessary for public health activities. For example, I may disclose your PHI if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition (subject to the special restrictions discussed below).

When the disclosure relates to victims of abuse, neglect, or domestic violence.

When the use and/or disclosure is for health oversight activities. For example, I may disclose your PHI to a state or federal health oversight agency, such as the North Carolina Division of Health Service Regulation, which is authorized by law to oversee my operations (subject to the special restrictions discussed below).

When the disclosure is for judicial and administrative proceedings. For example, I may disclose your PHI in response to an order of a court or administrative tribunal.

When the disclosure is for law enforcement purposes. For example, I may disclose your PHI to comply with laws that require reporting of certain types of wounds or other physical injuries.

When the use and/or disclosure relates to decedents. For example, I may disclose your PHI to a coroner or medical examiner for the purposes of identifying you should you die.

When the use and/or disclosure is made for the purpose of facilitating organ, eye or tissue donation and transplantation.

When the use and/or disclosure relates to research. I do not conduct research.

When the use and/or disclosure is to protect against a serious threat to health or safety. For example, I may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

When the use and/or disclosure relates to specialized government functions. For example, I may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

When the use and/or disclosure relates to correctional institutions and other law enforcement custodial situations. For example, in certain circumstances, I may disclose your PHI to a correctional institution having lawful custody of you.

When the use and/or disclosure is required under North Carolina's laws regarding workers' compensation. For example, in certain circumstances, I may disclose your PHI regarding a work-related injury or illness to your employer and your employer's workers' compensation carrier.

I may also disclose confidential information without your consent or authorization in:

Legal Proceeding Against Me: a judicial or administrative proceeding brought by you or your legally authorized representative against me, including malpractice proceedings;

Revocation Proceedings: a license revocation proceeding in which you are a complaining witness and in which disclosure is relevant to my claim or defense;

Legal Proceedings with Waiver: a judicial or administrative proceeding in which you waive your right in writing to the privilege of confidentiality of information or when a representative of yours acting on your behalf submits a written waiver to the confidentiality privilege;

Substantiate and Collect Fees: a judicial or administrative proceeding to substantiate and collect on a claim for mental or emotional health services rendered to you;

Finding by Judge: a judicial proceeding if the judge finds that you, after having been informed that communications would not be privileged, have made communications to me in the course of a court-ordered examination relating to your mental or emotional condition or disorder, except that those communications may be disclosed only with respect to issues involving your mental or emotional health, the court shall determine the extent to which disclosure of all or any part of a communication is necessary and shall impose appropriate safeguards against unauthorized disclosure;

Family Law Proceedings: a judicial proceeding affecting the parent-child relationship if I have been hired for that reason or in response to a subpoena or court order;

Criminal Proceedings: any criminal proceeding, as otherwise provided by law if I have been hired for that reason or in response to a subpoena or court order;

Abuse, Neglect by Institution: a judicial or administrative proceeding regarding the abuse or neglect, or the cause of abuse or neglect, of a resident of an institution;

Involuntary Commitment: an involuntary commitment proceeding for court-ordered treatment or for a probable cause hearing; or

Court Order or Subpoena: a judicial or administrative proceeding where the court or agency has issued an order or subpoena.

I may use and disclose your PHI in some circumstances only with your authorization

For any other use and/or disclosure of your PHI not otherwise described in this Notice of Privacy Practices, I will seek your authorization. If you authorize me to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose your PHI for the purpose(s) covered by your written authorization. However, I cannot take back any disclosures already made pursuant to a valid authorization.

Your additional rights under North Carolina laws

Some North Carolina laws provide you with more protection for specific types of information than federal laws protecting the privacy of your PHI, and where applicable, I will follow the requirements of those North Carolina laws. Some of those laws are discussed in other sections. In addition, the following laws may apply to my treatment of you:

- ◆ If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), information about your disease will be treated as confidential and will be disclosed without your written permission only in limited circumstances. I may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or release information in order to protect against the spread of the disease.

- ◆ I may also release information about you if I reasonably believe that the release is necessary to protect the life or health of any person.
- ◆ North Carolina law generally requires that I obtain your written consent before I may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement:
 - ◆ I can disclose this health information to agencies or individuals that oversee my operations or that help me carry out my responsibilities in serving you.
 - ◆ I also may disclose information to the following people: (i) a health care provider who is providing emergency medical services to you and (ii) other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment.
 - ◆ I may also share information about your mental health, developmental disabilities, or substance abuse services with your other health care providers outside of my office in order to coordinate your care and treatment or to conduct quality assessment and improvement activities, unless you object in writing. You may make your written objection by following the procedures outlined below to request a restriction on how I use your PHI, including mental health information.
 - ◆ If I determine that there is an imminent threat to your health or safety, or the health or safety of someone else, I may disclose information about you to prevent or lessen the threat.
 - ◆ I also will release information about you if the law requires me to do so, for example, when a court orders disclosure, when I suspect abuse or neglect of a child or disabled adult, or you disclose you have a communicable disease or are infected with HIV and are not following safety measures.
 - ◆ If I believe it is in your best interests, I may disclose information about you for a guardianship or involuntary commitment proceeding that involves you.
 - ◆ When you are admitted to or discharged from a mental health, developmental disabilities, or substance abuse facility, I may disclose that fact to your next of kin if I believe the disclosure is in your best interests, but only if you do not object. If you have a next of kin who is substantially involved in your care, upon his or her request I am required to provide this next of kin with information relating to your admission or discharge from a facility, including the identity of the facility, any decision on your part to leave a facility against medical advice, and referrals and appointment information for treatment after discharge after I notify you that this information was requested.
 - ◆ Federal law requires that I obtain your written consent before I may disclose certain information that would identify you as a substance abuser or a patient of substance abuse services if you apply for or receive substance abuse services from any of the following: a provider (other than a general medical care facility) that holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; an identified unit within a general medical care facility that holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment; or personnel or staff within a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers. There are some exceptions to this requirement:
 - ◆ I may disclose this information to medical personnel in a medical emergency.
 - ◆ I may disclose this information for audit, or program evaluation.
 - ◆ If I suspect that a child is abused or neglected, state law requires me to report the abuse or neglect to the Department of Social Services, and I may disclose substance abuse treatment information when making the report.
 - ◆ I will disclose substance abuse treatment information about you if a court orders me to do so.
 - ◆ Under state law, if you request treatment and rehabilitation for drug dependence, your request will be treated as confidential. I will not disclose your name to any police officer or other law enforcement

officer unless you consent to my sharing of it. Even if I refer you to another person for treatment and rehabilitation, I will continue to keep your name confidential.

- ◆ Certain professional licensing rules and ethical standards may provide more protection for health information, and where applicable, I will follow those rules and standards.

Special Provisions for minors under North Carolina Law

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State of North Carolina; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. **If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service.** Regarding abortion services, however, North Carolina law requires the consent of both the minor and a parent with custody or with whom the minor is living, a legal guardian or custodian, or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

I may contact you to provide appointment reminders

I may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment.

I may contact you with information about treatment, services, products, or health care providers

We may use and/or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products and/or other health care providers. For example, I may tell you about group counseling or other services that may be of interest to you.

Any other use or disclosure of PHI about you requires your written authorization

Under any circumstances other than those listed above, I will ask for your written authorization before I use or disclose PHI about you. If you sign a written authorization allowing me to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting me in writing (this specifically does not include email). If you cancel your authorization in writing, I will not disclose PHI about you after I receive your cancellation, except for disclosures which were being processed before I received your cancellation.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of Barbra Rogoff, LCSW, you have the following rights with regard to the information contained therein:

- ◆ Revoke your consent or authorization to use or disclose health information as set out above, except to the extent that I have taken action in reliance on the consent or authorization.
- ◆ You have the right to request that I restrict the use and disclosure of PHI about you, but I am not required to agree to your requested restrictions in most circumstances. In addition, even if I agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.2 of the previous section of this Notice. You may request a restriction by contacting me in writing (this specifically does not include email).
- ◆ Request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), if the health information pertains solely to an item or a service for which I have been

paid in full by alternative means. You may request a restriction by contacting me in writing (this specifically does not include email).

- ◆ Obtain a copy of this notice of information practices.
- ◆ I may communicate with you about your PHI by telephone, in writing through U.S. mail, or electronically by email. You may Request that I communicate with you by alternate means, and if the method of communication is reasonable, I must grant the alternate communication request. You must be specific and put this in writing (this specifically does not include email).
- ◆ Request amendment/correction of your health information. I do not have to grant the request if the following conditions exist:
 - I did not create the record. If, as in the case of a consultation report from another provider, I did not create the record, I cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, I will put the corrected record into my records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If I deny your request for amendment/correction, I will notify you why, how you can attach a statement of disagreement to your records (which I may rebut), and how you can complain. If I grant the request, I will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- ◆ Obtain an accounting of nonroutine uses and disclosures. You may ask for disclosures made up to six (6) years before your request. I do not need to provide an accounting for the following disclosures:
 - To you for disclosures of PHI/SHI to you or your personal representative;
 - For treatment, payment, or health care operations;
 - Pursuant to an authorization;
 - Incidental to permitted uses and disclosures;
 - To persons involved in your care or for other notification purposes as provided for above;
 - Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations; and
 - That occurred before April 14, 2003.

I must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the PHI/SHI.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.
- The first accounting in any 12month period is free. Thereafter, I reserve the right to charge a reasonable, cost based fee.

Your Rights to Your Mental Health Record

Except as otherwise provided, you are entitled to the following regarding your records:

On receipt of a written request to examine or copy all or part of your recorded mental health care information, not later than the 30th day after the date of receiving the request; I shall:

- ◆ make the information available for examination during regular business hours and provide a copy you, if requested; or
- ◆ inform you if the information does not exist or cannot be found.
- ◆ I may charge a reasonable fee for retrieving or copying mental health care information and am not required to permit examination or copying until the fee is paid unless there is a medical emergency.

On receipt of written request for copies of your mental health care records for use in supporting an application for disability benefits or other benefits or assistance, not later than the 30th day after the date of receiving the request, I shall:

- ◆ make the information available for examination during regular business hours and provide a copy you, if requested; or
- ◆ inform you if the information does not exist or cannot be found; and
- ◆ there will be no charge for these records.

You do not have a right of access to the following:

- ◆ Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
- ◆ Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- ◆ Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
- ◆ Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

I may deny access to any portion of a record if I determine that release of that portion would be harmful to your physical, mental, or emotional health.

- ◆ If I deny access to any portion of a record, I shall give you a signed and dated written statement that having access to the record would be harmful to your physical, mental, or emotional health and shall include a copy of the written statement in your records. The statement must specify the portion of the record to which access is denied, the reason for denial, and the duration of the denial.
- ◆ If I deny access to a portion of a record under this section I shall redetermine the necessity for the denial at each time a request for the denied portion is made. If I again deny access, I shall notify you of the denial and document the denial as prescribed herein.
- ◆ If I deny access to a portion of a confidential record, I shall allow examination and copying of the record by another professional if you select the professional to treat you for the same or a related condition as I have been treating you for.
- ◆ The content of a confidential record shall be made available to a person who is acting on your behalf, subject to the limitations set out herein.
- ◆ I shall delete confidential information about another person who has not consented to the release but may not delete information relating to you that another person has provided, the identity of the person responsible for that information, or the identity of any person who provided information that resulted in your commitment.
- ◆ I shall grant access to any portion of the record to which access is not specifically denied under this section within a reasonable time and may charge a reasonable fee.

You have the right to breach notification

You have the right to receive notice in the event of a breach of your unsecured PHI.

You have the right to a copy of this Notice

You have the right to request a paper copy of this Notice at any time by contacting me at (919) 2013498. I will provide a copy of this Notice no later than the date you first receive service from me (except for emergency services, and then I will provide the Notice to you as soon as possible).

How to Get More Information or to Report a Problem

If you have questions, would like additional information, or if you wish to file a complaint you may contact me directly:

Barbra Rogoff, LCSW
4922 Windy Hill Dr, Ste A
Raleigh, North Carolina 27609
(919) 2013498
(919) 8851014 fax
barbra@brogofflcs.com

If you believe your privacy rights have been violated, you can also file a complaint with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's HIPAA Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Timothy Noonan, Regional Manager
Office for Civil Rights, U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 303038909
Customer Response Center: (800) 3681019
Fax: (202) 6193818
TDD : (800) 5377697
Email: ocrmail@hhs.gov
Web: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
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