

SHINING STARS THERAPY, PA

NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT DAWN M. SOLOMON, PRIVACY PRACTICE OFFICER, AT 304 Judd Place Drive, Fuquay-Varina, NC 27526.

This information will inform you how Shining Stars Therapy, PA may use and disclose Protected Health Information (PHI) about you. Protected Health Information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of the protected health information, "medical information." This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Practice Officer.

How We May Use and Disclose Medical Information about You: We may use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

For Treatment: We may use medical information about you to provide, coordinate, or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals, and other health facilities who become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your medical information with them. Similarly, we may refer you to another health care provider and, as part of the referral, share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

For Payment: We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program.

For Health Care Operations: We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Shining Stars Therapy, PA and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers, and students working at Shining Stars Therapy, PA. We also may use the information to study ways to more efficiently manage our organization.

How We Will Contact You: Unless you tell us otherwise in writing, we may contact you by either telephone, text messaging, email, or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine, email, text message or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this Notice.

Individuals Involved in Your Care: We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment of health care prior to your death, medical information about you relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify us in writing at: *Shining Stars Therapy, PA, 304 Judd Place Drive, Fuquay-Varina, NC 27526.*

Disaster Relief: We may use or disclose medical information about you to a public or private entity authorized by law or by its charger to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition, or death.

Required by Law: We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities: We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety, or effectiveness of a United States Food and Drug Administration regulated product or activity.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

Health Oversight Activities: We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations. However, disclosure of medical information about you to the North Carolina Department of Health and Human Services, as part of an inspection to determine if we comply with licensure requirements, will not occur if you object to that disclosure.

Judicial and Administrative Proceedings: We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosures for Law Enforcement Purposes: We may disclose medical information about you to a law enforcement official for law enforcement purposes: As required by law. In response to a court, grand jury or administrative order, warrant or subpoena, to identify or locate a suspect, fugitive, material witness or missing person. About an actual or suspected victim of a crime and that person agreed to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information

may still be disclosed. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct. About crimes that occur at our facility. To report a crime in emergency circumstances.

Research: Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave *Shining Stars Therapy, PA* during that person's review of the information.

To Avert Serious Threat to Health or Safety: We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

National Security and Intelligence: We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

Workers Compensation: We may disclose medical information about you to the extent necessary to comply with worker's compensation and similar laws that provide benefits for work related injuries or illness without regard to fault.

Fundraising: We may use and disclose medical information about you to contact you to raise funds for *Shining Stars Therapy, PA*. We may disclose medical information to a business associate of *Shining Stars Therapy, PA*, or a foundation related to *Shining Stars Therapy, PA* so that business associate or foundation may contact you to raise money for the benefit of *Shining Stars Therapy, PA*. We will only release: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) dates of health care provided to you; (c) department of service information; (d) treating physician; (e) outcome information; and, (f) health insurance status. You have the right to opt out of receiving fundraising communications. If you do not want *Shining Stars Therapy, PA* or its foundation to contact you for fundraising, you must notify Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526 in writing.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Certain Uses and Disclosures that Require Your Written Authorization

Psychotherapy Notes: Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

Marketing: We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. Authorization is required if we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to *Shining Stars Therapy, PA* is involved.

Sale of Information: Your authorization is required for any disclosure of your medical information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the medical information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

Other Uses and Disclosures: Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526 in writing of your desire to revoke it.

Your Rights with Respect to Medical Information about You: You have the following rights with respect to medical information that we maintain about you.

Right to Receive Confidential Communications: You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by text messaging, mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526. Your request must state how or where you can be contacted. We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

Right to Inspect and Copy: With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must submit your request in writing to Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing. We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies. We may deny your request to inspect and copy medical information if the medical information involved is: Psychotherapy notes; Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial.

Right to Amend: You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of, and agreement to share, the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment. We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the

information: Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment; Is not part of the medical information maintained by us; Would not be available for you to inspect or copy; or, is accurate and complete. If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

Right to Request Restrictions: You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. To request a restriction, you may do so at any time. If you request a restriction, you should do so to [Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina, NC 27526](#) and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse). *With one exception, we are not required to agree to any requested restriction.* The exception is that we will always agree to a request to restrict disclosures to a health plan if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full. If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before November 30, 2009. Certain types of disclosures are not included in such an accounting: Disclosures to carry out treatment, payment and health care operations; Disclosures of your medical information made to you; Disclosures that are incident to another use or disclosure; Disclosures that you have authorized; Disclosures for our facility directory or to persons involved in your care; Disclosures for disaster relief purposes; Disclosures for national security or intelligence purposes; Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed). Disclosures made prior to November 30, 2009. Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency. To request an accounting of disclosures, you must submit your request in writing to [Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526](#). Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and my not include dates before November 30, 2009. Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to an Electronic Copy of Electronic Medical Record: If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to Copy of this Notice: You have the right to obtain a paper copy of our Notice of Privacy Practices. To obtain a paper copy of this notice write to [Shining Stars Therapy, PA 304 Judd Place Drive Fuquay-Varina NC 27526](#).

Right to be Notified of a Breach: We are required by law to maintain the privacy of medical information about you, to provide individuals with notice of our legal duties and privacy practices with respect to medical information, and to notify affected individuals following a breach of unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Right for Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you *have requested that we not bill your health plan*) for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Our Right to Change Notice of Privacy Practices: We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that are created or received by us prior to the effective date of the new notice. Effective dates of the notice will be displayed on the first page.

Availability of Notice of Privacy Practices: A copy of our current Notice of Privacy Practices will be posted at [Shining Stars Therapy, PA 304 Judd Place Drive, Fuquay-Varina, NC 27526](#) at any time, you may obtain a hard copy of the current Notice of Privacy Practices by contacting Shining Stars Therapy, PA.

Effective Date of Notice: The effective date of the notice is on the first page of this notice.

Complaints: You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact [Shining Stars Therapy PA 304 Judd Place Drive Fuquay-Varina, NC 27526](#). All complaints should be submitted in writing. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>. You will not be retaliated against for filing a complaint.

Questions and Information: If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Privacy and Security Officer, Dawn M. Solomon at [Shining Stars Therapy, PA 304 Judd Place Drive, Fuquay-Varina, NC 27526, \(919\) 557-8305](#).

Edited address 9/1/2014