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## **Notice of Privacy Practices – Short Version**

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.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your personal health information. I am required also by law to do this. These laws are complicated, but I must provide you with important information. This handout is a shorter version of the full, legally required NPP which you have received. Please refer to it for more information. Please talk to me about any questions or problems, as I am unable to cover all possible situations.

I will use the information about your health, which I get from you or from others mainly to provide you with treatment, to arrange payment for my services or for some other business activities, which are called, in the law, health care operations. After you have read this NPP I will ask you to sign a Consent Form to let my use and share your information. If you do not sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization to allow this.

The following are times when I am required by law to use or share your health information:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits, legal, or court proceedings, including subpoenas regarding child abuse or neglect.
3. If a law enforcement official requires to do so.
4. For Workers' Compensation and similar benefit programs.

There are other similar situations but which don't occur very often. These situations are described in the longer version of the NPP displayed in the office and upon request.

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## Your Rights Regarding Your Health Information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work to schedule an appointment. I will try to honor your request.
2. You have the right to ask me to limit what I tell certain individuals involved in your care or the payment of your care, such as family members and friends. While I don't have to agree to your request, if I do agree I will keep my agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing record. You can even get a copy of these records but I may charge you. Contact me to arrange how to see your records.
4. If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amendments) to your health information. You have to make this request in writing and send it to me. You must also include the reasons for such changes.
5. You have the right to a copy of this notice. If I change this NPP, I will post it in my office and as always, you can request a copy of the NPP from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing; filing a complaint will not change the health care I provide to you.

You may contact me at 828.696.2222 if you have any questions regarding this notice or my health information privacy policies.

The effective date of this notice is April 14, 2003.