

#### **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### PLEASE REVIEW IT CAREFULLY.

## I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Eventus WholeHealth, PLLC, and its representatives and its affiliated entities and partners (herein referred to as "Eventus WholeHealth") may use or disclose your protected health information (PHI) for treatment, payment, and healthcare operations purposes with your consent.

- "PHI " refers to information in your health record that could identify you.
- "Treatment, Payment and Healthcare Operations"
  - Treatment' is when Eventus WholeHealth provides, coordinates or manages your health care and other services related to your health care. Example: consultation with another health care provider, such as your family physician or another psychologist.
  - Payment is when Eventus WholeHealth obtains reimbursement for your healthcare. Examples: disclosure of PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Healthcare Operations are activities that relate to the performance and operation of Eventus WholeHealth's practice. Examples: quality assessment and improvement activities, business—related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within my practice group such as billing, medical records management, and care coordination.
- "Disclosure" applies to activities outside of my practice group, such as releasing or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

Eventus WholeHealth may use or disclose PHI for purposes outside of treatment, payment, and healthcare operations when your written, specific authorization is obtained. "Psychotherapy notes " are those notes involving conversations during counseling sessions that are designated by the psychologist to be kept separate from other PHI. These notes are given a greater degree of protection than PHI and will require specific, written authorization for their release.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Eventus WholeHealth has taken action in reliance on the authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with Neither Consent nor Authorization

Eventus WholeHealth may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If you provide information that leads an Eventus WholeHealth representative to suspect child abuse, neglect, or death due to maltreatment, Eventus WholeHealth must report such information to the Department of Social Services (DSS) and release information from your records relevant to a child protective services investigation upon request by the DSS.
- Adult and Domestic Abuse: If information you give an Eventus WholeHealth representative suggests reasonable cause to believe that a disabled adult is in need of protective services, Eventus WholeHealth must report this to the DSS and provide information from your records relevant to a protective services investigation if requested by the DSS.

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- Health Oversight: The North Carolina Psychology and Medical Boards have the power, when necessary, to subpoen relevant records should an Eventus WholeHealth clinician be the focus of an inquiry.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about the professional services that Eventus WholeHealth has provided you and/or the records thereof, such information is privileged under state law, and Eventus WholeHealth must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: Eventus WholeHealth may disclose your confidential information to protect you or others from a serious threat of harm by you.
- Worker's Compensation: If you file a workers' compensation claim, Eventus WholeHealth is required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

# IV. Patients Rights and Eventus WholeHealth's Duties Patient's Rights:

- Right to Request Restrictions—You have the right to request restrictions on certain uses and disclosures of your PHI. Eventus WholeHealth is not required to agree to a restriction you request.
- •Right to Receive Confidential Communications by Alternative Means and Alternative Locations—You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. Example: you may request that bills be sent to a location other than your home address.
- Right to Inspect and Copy—You have the right to inspect and/or obtain a copy of PHI in Eventus WholeHealth's mental health and billing for as long as the PHI is maintained in the record. Eventus WholeHealth may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Eventus WholeHealth will discuss with you the details of the request and denial process.
- Right to Amend—You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Eventus WholeHealth may deny your request. Upon your request, Eventus WholeHealth will discuss with you the details of the amendment process.
- Right to an Accounting—You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice).
- Right to a Paper Copy—You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically

#### Eventus WholeHealth's Duties:

- Eventus WholeHealth is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Eventus WholeHealth reserves the right to change the privacy policies and practices described in this notice. Unless Eventus WholeHealth notifies you of such changes, however, Eventus WholeHealth is required to abide by the terms currently in effect.

#### V. Complaints

If you are concerned that Eventus WholeHealth has violated your privacy rights, or you disagree with a decision Eventus WholeHealth has made about access to your records, you may contact the Eventus WholeHealth Privacy Officer at (888) 849-7379 or via email at <u>PrivacyOfficer@EventusWH.com</u>.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Eventus WholeHealth can provide you with the appropriate address upon request.

#### VI. Effective Date

This notice will go into effect on November 14, 2018.

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