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Integral Counseling Services, PLLC

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Dear Clients of Integral Counseling Services, PLLC,

Thank you for choosing me as your counselor. I welcome feedback from you about your therapy at all times and work hard to meet your needs and mutually decided upon therapy goals. Should you ever have a grievance or a difference of opinion about your treatment progress please let me know. Since communication skills and self-advocacy are integral parts of therapy this could afford an opportunity to use the skills and self-mastery hopefully gained during treatment to ask for what you need or want and to advocate for yourself. I sincerely hope you would feel comfortable to come to me first to discuss your concerns and to explore any and all possible avenues of resolution between us should there ever be a need.. However, in the event you should choose to proceed with a complaint your client rights are listed herein including the appropriate agencies to contact.

Sincerely,

Miriam Lieberman, MA, LPCS

CLIENT RIGHTS

The State of North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) requires all mental health providers to inform all persons receiving services of their rights as defined in APSM 95-2 and in General Statute 122-C, Article 3.

Basic Human Rights Provided to Every Client

- Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation
- Right to treatment and care based on the normalization principle
- Right to receive age-appropriate treatment, access to medical care and habilitation, and the right to an individualized written program plan at the time of admission to maximize his/her development
- Right to be informed in advance of the potential risks and alleged benefits, and alternatives to the program choices
- Right to confidentiality
- Right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- Right to consent to or to refuse any treatment offered, including behavior management policies, except in certain emergency situations
- Right to request notification after occurrence of any or specified interventions

- Right to be informed of emergency procedures
- Right to exercise all civil rights. Certain civil rights may be limited if a client has been adjudicated incompetent.
- Right to certain safeguards and carefully controlled circumstances when interventions are used
- Right to be free of corporal punishment, and to be free of harm, abuse and exploitation
- Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to oneself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation
- Right to be free from threat or fear of unwarranted suspension or expulsion
- Right to be free from unwarranted invasion of privacy
- Right to be free from unwarranted search and/or seizure
- Right of the person legally responsible for a minor or an incompetent adult to request notification of the use of an intervention procedure
- Right to request notification of the restriction of rights
- Right to file a grievance or a complaint (see below)

Local Review of Reduction, Suspension, Termination or Denial of Services

All clients have the right to appeal the therapist's decision to reduce, suspend, terminate or deny a service. Any client wishing to appeal such a decision is invited to voice their grievance or put it in writing. I welcome all feedback. **Please note the provision in our contract about repeated missed appointments without 24 hour notice.** After three I reserve the right to refer to a different therapist.

Medicaid-eligible clients also have the right to appeal a decision to reduce, suspend, terminate or deny a service by contacting the State Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DHM/DD/SAS) and/or the Office of Administrative Hearings (OAH).

All clients will be informed of their specific appeal rights when the decision to reduce, suspend, terminate or deny a service is made. Feel free to contact any of these agencies:

North Carolina Board of Licensed Professional Counselors

PO Box 77819 Greensboro, NC 27417 or (844) 622-3572 and (336) 217-6007

Disability Rights of North Carolina

3724 National Drive Suite 100 Raleigh, NC 27612

919-856-2195 877-235-4210 Fax 919-856-2244

Advocacy & Customer Service Department at the Division of MH/DD/SAS

3009 MSC, Raleigh, NC 27699-3009 919-715-3197

U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Ave. S.W., Washington, D.C. 20201 1-877-696-6775

www.hhs.gov/oct/privacy/hipaa/complaints/.

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 THIS NOTICE CAREFULLY

Along with the basic rules to protect client privacy set forth by the Health Insurance Portability and Accountability Act (HIPAA) are new rules pertaining to the use of technology and communication with other professionals. The Health Information Technology for Economic and Clinical Health (HITECH) Act enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA) has issued sweeping changes to the original HIPAA policies. These policies govern how I may use and disclose your Protected Health Information (PHI). The following pages summarize these rules in an easy to understand language. Feel free to ask for clarification on any points and keep in mind that the ethical guidelines of Licensed Professional Counselors (LPCS) may be more stringent than the rules listed herein and I abide by those as well.

YOUR RIGHTS

You have the right to:

- Look at or request a copy of your paper or electronic medical record. Feel free to ask me. I will provide a copy or summary of your record for a reasonable fee based on my cost and state guidelines, usually within 30 days.
- You can ask me to correct missing or inaccurate health information about you in your paper or electronic medical record. If I have a legal, medical or ethical reason why I cannot do so I will let you know in writing within 60 days.
- You can request that I contact you confidentially in a specific way (i.e. a certain number, address,). I will meet all reasonable requests to the best of my ability. Some people prefer emailing. I cannot guarantee the security of email so I have a disclaimer to that effect on the page. If you choose to use email communication you must give me **permission in writing to email you**. I also have an encrypted email system, which I have to first send the invitation from the system for you to accept and then you can read/send email.
- You may ask me to limit the health information I share while coordinating your treatment, billing for services or operating my business. I am not required to meet this request but will do so if it would not adversely affect your care.
- If you pay full fee for therapy out of pocket you have the right to request that the information not be shared with your health insurance company. I will do so as long as there is no law requiring me to share the information.
- You may ask for an accounting of disclosures including times and people with whom I have shared your health information for the past six years (prior to the date you ask) and what the disclosure was about. I will include all disclosures except those

about treatment, payment, health care operations and disclosures you requested that I make. I will provide one free listing per year and will charge a reasonable fee for any additional ones requested within 12 months.

- You have a right to a paper copy of this privacy notice free of charge at any time even if you have access to it electronically or have already received it in the past. I will provide it promptly if asked.
- A legally designated medical power of attorney or a legal guardian (parent, social worker, partner) can make choices about your health care on your behalf. I will make sure the person has this authority and can act for you before I take any action. For separated or divorced parents of children I require copies of all court orders and custody agreements outlining who is responsible for health care decisions and payment for services rendered.
- Feel free to contact me if you wish to file a complaint or discuss any issue concerning your, or your child's, treatment with me (see page one for contact info). There will be no form of retaliation or negative consequence for doing so. I welcome all feedback!

YOUR CHOICES

For certain health information, you have some choice about what I share. If you have a clear preference for how I share information in the following situations let me know. In the following situations you have the right and choice to request in writing for me to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

I will follow your instructions whenever I can where other privacy laws do not conflict, especially where reporting laws concerning abuse and neglect of minors and elders are concerned. If you are not able to state your preference (i.e. being unconscious), I will only share information that in my estimation is in your best interest. If there is an imminent danger to you or someone else, your (or their) safety needs may supersede your privacy needs as stated in the limits to confidentiality. As stated previously I cannot release any private information (including psychotherapy notes) about you or your child(ren) without your written consent except in the specified exceptions for continuity of care with health care providers, other legal guardians/parents, imminent danger, and in the event of a court order from a judge.

In these cases I never share your PHI unless you give me written permission:

- Marketing purposes
- Sale of your PHI
- Other uses and disclosures not included in this Notice of Privacy Practices
- For training or teaching purposes

If you receive information about fundraising efforts, groups, or adjuncts to therapy offered here you may request to not be contacted again.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

To Treat You

I may use and share your PHI with other medical professionals providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors, case managers, or other treatment team members. *For example: A family doctor or psychiatrist prescribing medication or seeing you for related issues.*

Billing for Services. I can use and disclose PHI to receive payment from insurance companies, HMO's, PPO's and other entities for the treatment services provided to you. This is done with your authorization in our contractual agreement. If it becomes necessary to use collections agencies due to lack of payment for services, I will disclose only the PHI essential for the purposes of collection. *Examples of these types of activities include: determining eligibility and benefits under insurance plans, processing insurance claims, determining medical necessity or undergoing utilization review activities.*

For Health Care Operations

I may use or disclose your PHI in order to support business activities including, but not limited to, quality review assessments, licensing, banking, and other business activities. For training or teaching purposes your authorization is required to disclose PHI. *For example, I may share your PHI with third parties that perform various business activities (e.g. billing, bookkeeping, tech support, accounting) provided that I have a written Business Associate agreement with that business that requires it to safeguard the privacy of your PHI.*

OTHER WAYS I MAY BE REQUIRED TO SHARE YOUR PROTECTED HEALTH INFORMATION:

Some of the situations that allow for and/or require the sharing of health information include:

Public Health and Safety Issues

- If required, I may use or disclose your PHI for mandatory public health activities to a public health authority or government agency authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
- I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public. It will only be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research

- PHI can only be disclosed after a lengthy approval process or with your authorization.

Complying with Laws

- I have to share PHI if state or federal laws require it. *For example: the Department of Health and Human Services may audit my business to see if I am complying with privacy laws or a judge issues a court order.*

Deceased Patients

- I can disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in the patient's care or payment for the

care prior to death, based on prior written consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next of kin. PHI of persons that deceased for over fifty (50) years is not protected under HIPAA.

Medical Emergencies

- I may disclose PHI in a medical emergency to medical personnel only in order to prevent serious harm. A copy of this notice will be provided to you as soon as possible after the emergency whenever possible.

Substance Abuse

- Any disclosure of PHI about substance abuse use requires your authorization except where other state or federal laws apply.

Family Involvement

- I may disclose information to close family members or friends directly involved in your treatment based on prior authorization given or as necessary to prevent serious harm to self or other.

Health Oversight

- If required, I may disclose PHI to a health oversight agency (e.g. Medicaid) for activities authorized by law such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors with your prior consent).

Law Enforcement

- I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order (no consent needed) administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the reporting of a victim of a crime in an emergency, or in connection with a crime on this premises.

Specialized Government Functions

- I may review requests from U.S. Military command authorities if you have served as a member of the armed forces or from the Department of State for medical suitability determinations. I will only disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Verbal Permission

- I may also use or disclose your PHI to family members that are directly involved in your treatment with your verbal permission until written permission can be obtained.

With Authorization

- Uses and disclosures not mandated or permitted by law will be made only with your written authorization, including most psychotherapy notes, use of PHI for marketing, and any other uses or disclosures not described herein. Authorizations to disclose PHI can be revoked at any time, except for disclosures already made based on a previously granted authorization. To revoke an authorization to disclose PHI a request must be made in writing and from that date forward the request will be honored.

To find out more about laws surrounding disclosure of PHI you may go to this site:

- www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your PHI and to provide you with this notice of my legal duties and privacy practices with respect to your PHI.

I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time as the laws and regulations change. Any new terms will apply to all PHI that I maintain at that time and a copy of the changes will be made available to you free of charge and posted on my website.

- My ethical guidelines as a Licensed Professional Counselor are actually more rigid than many of the rules contained herein and I abide by those first. I prefer to err on the side of requesting an authorization even when it may not be needed.
- I will let you know promptly if a breach should ever occur to compromise your privacy and security information. I will also let you know what happened and what you can do about it.
- I am bound to follow the duties and privacy practices herein and to make sure that you have a copy of them free of charge.
- I will not use or share your PHI other than as described here without your written permission. You can always change your mind and withdraw your consent. Just let me know in writing should you wish to change any authorizations to release information that have been previously signed.

I, Miriam Lieberman (the privacy official), reserve the right to change the terms of this notice, and the changes will apply to all the information I have about you. The most current notice will be available upon request, in the office and on my website.

Sincerely,

Miriam Lieberman, MA, LCMHC, LCMHCS

Effective September 23, 2013

Revised January 19, 2020 to reflect licensure nomenclature change.