



SANCTUARY COUNSELING GROUP

1801 East Fifth Street Suite 110
Charlotte, NC 28204-2472
704.375.5354 / 704.375.3069 fax
sanctuarycounselinggroup.org

NOTICE OF PRIVACY PRACTICES

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the state of North Carolina to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice. This notice takes effect on June 16, 2016 as Sanctuary Counseling Group and will be in effect until we replace it. We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at Sanctuary Counseling Group. These changes could also affect how we protect the privacy of any of your health information we had before the changes. When we make any of these changes, we will also change this notice and give you a copy of the new notice. When you are finished reading this notice, you may request a copy of it at no charge to you. If you have any questions or concerns about the material in this document, please ask us for assistance.

Here are some examples of how we use and disclose information about your personal health information (PHI).

We may disclose your PHI ...

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program
4. To receive payment from a third party payer for services we provide for you.
5. To our own staff in connection with our organization's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your PHI, for any reason you want. You may revoke this authorization in writing, at any time you want. When you revoke an authorization it will only affect your PHI from that point on.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your PHI in your best interest at that time. In so doing, we will only use or disclose the aspects of your PHI that are necessary to respond to the emergency.

8. Under North Carolina law, “any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7-B101, or has dies as a result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county in which the juvenile resides or is found.”
9. If you intend to take your own life, we will take steps to save your life, including disclosure of your PHI in your best interest at that time. In so doing, we will use or disclose only those aspects of your PHI that are necessary to respond to this emergency.
10. If you intend to take the life of another person(s), we will take steps to save that life or those lives. We will inform the authorities and the intended victim(s). We will disclose your PHI in your best interest and in the interest of those you intend to harm at that time. In so doing, we will use or disclose only those aspects of your PHI that are necessary to respond to this emergency.

We will not use your PHI in any of our organization’s marketing, development, public relations, or related activities without your written authorization.

We cannot use or disclose your PHI in any ways other than those described in this notice unless you give us written permission.

As a client of Sanctuary Counseling Group **you have these important rights.**

- A. With limited exceptions you can make a written request to inspect your PHI that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part “A” above at a charge of \$.50/page
- C. You have a right to a copy of this notice at no charge.
- D. You can make a written request to have us communicate with you about your PHI by alternative means, at an alternative location. Your written request must specify the alternative means and location.
- E. You can make a written request that we place other restrictions on the ways we use or disclose your PHI. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those, which, in our professional judgement, constitute an emergency.
- F. You can make a written request that we amend the information in part “A” above.
- G. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- H. You may make a written request that we provide you with a list of those occasions where or our business associates disclosed your PHI for purposes other than treatment, payment, or our Center’s operations. This can go back as far as six year, but not before June 16, 2016 as Sanctuary Counseling Group. If you request the accounting in “J” above more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.
- I. You have the right to be notified if: (a) thee is a breach (a use or disclosure of your PHI in violation of the HIPPA Privacy rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability your PHI has been compromised.
- J. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may register a complaint in writing to:

Compliance Officer: Dr. John V. Arey, Jr.
Telephone: 704.375.5354 x 303
Fax: 704.375.3069
Address: 1801 East Fifth Street Suite 110
Charlotte, NC 28204-2472

* You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon request.



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**RECEIPT FOR
NOTICE OF PRIVACY PRACTICES**

My signature below on this document is an acknowledgment that I have been informed about how my privacy and confidentiality will be maintained by Sanctuary Counseling Group.

client or guardian signature

date