

Finding Balance, PLLC

Jennifer Moynihan Wynn, MS, LMFT

Individual & Couples Therapy

Phone: (919) 926-8057 ~ Email: Jennifer@findingbalancenc.net ~ Web: www.findingbalancenc.com

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT**

Jennifer Moynihan Wynn, MS, LMFT must collect timely and accurate health information about you and make that information available to members of your health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of *Jennifer Moynihan Wynn, MS, LMFT* to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within *Jennifer Moynihan Wynn, MS, LMFT* as well as reasons why your health information could be sent to other service providers outside of this agency. This *Notice* describes your rights in regards to the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures *Jennifer Moynihan Wynn, MS, LMFT* uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Client Acknowledgement

I have received *Jennifer Moynihan Wynn, MS, LMFT's* *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

_____/_____
Client (or Personal Representative) Date

_____/_____
Client (or Personal Representative) Date

***Note: Jennifer Moynihan Wynn, MS, LMFT retains this signed page.
Client retains the Notice of Privacy Practices document.***

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NOTICE OF PRIVACY PRACTICES (Effective July 1, 2004) PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

How Finding Balance, PLLC Uses and Discloses Your Health Information

We **MUST** use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law

We **have the right** to use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due to us and to process claims for health care services you receive.
- **For Treatment.** A member of your support team may receive information about your health condition and record it in your record. This information may be used to determine the course of care that should work best for you.
- **For health care operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage.
- **To provide information on health related programs or products** such as alternative medical treatments and programs or about health related products and services.
- **To plan sponsors.** If your coverage is through an employer group health plan. We may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure information.

We **may** use or disclose your health information for the following purposes under limited circumstances:

- **To persons involved with your care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **To Business associates** with whom Finding Balance, PLLC contracts for services if the business associate agrees to special restrictions on the use and disclosure of information
- **For public health activities** such as reporting disease outbreaks.
- **For reporting victims of abuse, neglect, or domestic violence** to government authorities, including social service or protective service agency
- **For health oversight activities** such as governmental audits and fraud and abuse investigations.

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- **For judicial or administrative proceedings** such as in response to a court order, search warrant, or subpoena.
- **For law enforcement purposes** such as providing limited information to locate a missing person.
- **To avoid a serious threat to health or safety** by, for example, disclosing information to public health agencies.
- **For specialized government functions** such as military and veteran activities, national security, and intelligence activities, and the protective services for the President and others.
- **For worker's compensation** including disclosures required by state worker's compensation laws of job-related injuries.
- **For research purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.

Finding Balance, PLLC and its programs will not use or disclose your protected health information except as described in this notice, or otherwise authorized by law

Your Health Information Rights

You have the right to:

- Inspect and copy your protected health information
- Request a restriction on certain uses and disclosures of your protected health information
- Request amendments to your protected health information
- Obtain an accounting of disclosures of your protected health information.
- Request communications of your protected health information by alternative means or at an alternative address.
- Revoke any authorization/consent you have signed to use or disclose protected health information to the extent that it has not already been relied upon.
- File a complaint with the privacy officer of Finding Balance, PLLC and/or the Office for Civil Rights, U.S Department of Health and Human Services if you believe that your privacy rights have been violated.
- Obtain a paper copy of this notice.

Finding Balance, PLLC Duties

Finding Balance, PLLC has a duty to:

- Maintain the privacy of your protected health information
- Provide you with this notice as to our legal duties and privacy practices with respect to the protected health information we collect and maintain about you
- Consistently follow the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address
- Provide an accounting of disclosures of your protected health information.

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Finding Balance, PLLC may change its privacy practices within the limits of the law and make new privacy practices effective for all protected health information we maintain. Should our privacy practices change; we will provide you with a revised notice to the address you have supplied to us.

For more information or to Report a Problem

If you have questions about this notice or want to exercise any of your rights, please call the Finding Balance, PLLC privacy officer at 919-926-8057.

If you believe that your privacy rights have been violated please contact the therapist first to discuss. However, you may also file a complaint with the LMFT licensure board at the following address.

NC LMFT licensure Board

Email: ncmftlb@nc.rr.com

Phone: 919-654-6914

Fax: 919-336-5156

Mail: NC MFT Licensure Board

201 Shannon Oaks Circle, Suite 200 Cary, NC 27511

There will be absolutely no retaliation for filing a complaint.