



LARRY M. FURR MAC, MBA, NCC, LPC
Licensed Professional Counselor
3010 Davidson Highway
Concord, NC 28027
NC License 7225
NCC 221659

Notice of Bridge A Counseling Service Policies and Practices To Protect Client Health Information

This notice describes how client medical and therapy information may be used and disclosed and how clients may get access to this information. Please review carefully.

1. Disclosures and Uses for Treatment and Health Care Options

Bridge A Counseling Service (hereafter referred to as Bridge) may use or disclose your protected health information for treatment and health care operations purposes with your consent.

Protected health care information refers to information in your health record that could identify you.

Health care operations are activities that relate to the performance and operation of bridge practice. Examples include administrative services, case management and care coordination.

Use of protected information applies to bridge practices such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

Disclosure applies outside Bridge such as releasing, transferring or providing access information about you to other parties.

2. Use and Disclosure Requiring Authorization

Bridge may use or disclose protected health information for purposes outside of treatment and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when Bridge is asked for information for purposes outside of treatment and health care operations, Bridge will obtain an authorization from you before releasing this information or any information about you. You may revoke all such authorizations at any time. Each revocation must be in writing. You may not revoke an authorization to the extent that Bridge has relied on that authorization.

3. Uses and Disclosure With Neither Consent nor Authorization

Bridge may use or disclose protected health information without client consent or authorization in the following instances:

- Abuse: If a client provides information in which we suspect child, adult or domestic abuse, neglect or death due to maltreatment, Bridge must report such information to the county Department of Social Services. If Social Services requests information from your records relevant to an investigation, Bridge must comply.
4. Court Cases: If you are involved in a judicial proceeding, and a request is made for information about the professional services Bridge has provided you and records thereof, such information is protected under state law and Bridge must not release this information without your written authorization, or a court order.
 5. Serious Threat or Harm: Bridge may disclose your confidential information to protect you or others from serious threat of harm by you.
 6. Workers Compensation: If you file a worker's compensation claim, Bridge is required by state law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

Client Rights and Therapist Duties

Client Rights

The client may request certain restrictions on uses and disclosures of protected health information about self. Bridge is not required to agree to the request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations

Clients have the right to request and receive confidential communications of Bridge by alternative means and at alternative locations. (For example- requesting correspondence to be sent to another address).

Right to Inspect and Copy

You have the right to inspect and/or obtain a copy of billing and mental health records used to make decisions about you for as long as Bridge is maintained in the record. Bridge may deny your access under certain circumstances.

Right to Amend

Clients may request an amendment to records as long as Bridge is maintaining the record. Bridge may deny the request.

Right to an Accounting

You generally may request an accounting of disclosures of Bridge for which you have neither provided consent nor authorization.

Right to a Paper Copy

You have the right to obtain a paper copy of this notice from Bridge upon request.

Therapist's Duties:

Bridge is required by law to maintain the privacy of Bridge and to provide you with notice of our duties and privacy practices.

Bridge reserves the right to change the privacy policies and practices described in this notice at any time and notify clients of any change.

Questions and Complaints

Client's who have questions about this notice, disagree with a decision Bridge made about access to records or have concerns about privacy rights may contact 704 7560317..

Clients who believe that privacy rights have been violated and wish to file a written complaint may contact us at:

Bridge- A Counseling Service
3101 Davidson Highway
Concord NC 28027

Clients may also send a written notice of complaint to the Secretary of the US Department of Health and Human Services.

Clients have specific rights under the Privacy Rule. Bridge will not retaliate against a client exercising their right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective June 1, 2009. Bridge reserves the right to change the terms of this notice and make the new notice provisions effective for all personal health information that Bridge maintains. Bridge will provide clients with revised notices by publishing the changes and notifying active clients of the changes by postal service.

BRIDGE- A COUNSELING SERVICE

Request for Confidential Handling of Health Information

I, _____ request that
_____ handle my confidential health

Information in the following manner:

- A. All reasonable requests to receive communication of client health information by Alternative means will be granted. Please describe the alternative means (US Mail, telephone, etc..) by which health information should be received.

- B. All reasonable requests to receive communication of your health information at Alternative locations will be granted. Clients should complete the following Section only health care information should be sent to an alternative address (other than residence).

Street Address _____
City, State, Zip _____

Signature _____

Date _____