

FRANK HORTON ASSOCIATES, LLC
WORKPLACE CONSULTING AND COUNSELING

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. We are also required to offer you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the Privacy Practices that are described in this Notice while they are in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change the terms of the Notice of Privacy Practices at any time, provided such changes are permitted by applicable law. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

You may request a copy of our Notice of Privacy Practices any time. For more information about our Privacy Practices, or for a copy of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Treatment: It is our policy to obtain your authorization prior to disclosing your protected health information (PHI) to a physician, counselor or other healthcare professional providing treatment to you or for the management of health care and related services. It also includes but is not limited to consultations and referrals between one or more providers. For example, a FHA Case Manager may contact a provider on your behalf to facilitate your access to mental health treatment. **We may disclose your PHI without an authorization to our affiliate counselors who are providing employee assistance services to you through our program.**

Healthcare Operations: We may use and disclose your PHI without your authorization in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, case management, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your PHI for treatment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

Required by Law: We may use or disclose your PHI without your authorization when we are required to do so by federal or state law, or if required by a court order to disclose information.

Abuse or Neglect: We may disclose your PHI without your authorization, if we reasonably believe or become aware of possible child or elder abuse, or neglect. In such cases we are obligated by law to make a report to the Department of Social Services or other appropriate authorities. We may also disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: We may call to remind you of an appointment with the Employee Assistance Program (EAP). You may request that we not contact you for appointment reminders.

When we disclose information, we will limit uses or disclosures of patient's health information to that which is reasonably necessary to accomplish the intended purpose of the use or disclosure.

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CLIENT RIGHTS

Access: You have the right to inspect or obtain copies of your PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. You must make a request in writing to our privacy officer to obtain access to your PHI. The address is listed in the contact information at the end of this document. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request an alternative format, we will charge a cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. If access is denied, you or your personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the decision and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. We have 60 days after the request is made to act on the request. A single 30-day extension is permissible if we are unable to comply by the deadline. If the request is denied in whole or in part, we will provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health Information (PHI).

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

Privacy Officer
Frank Horton Associates, LLC
3724 National Drive, Suite 101
Raleigh, NC 27612
(919) 850-3410

Office of Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3070
61 Forsyth Street, SW
Atlanta, GA 30303-8909