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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.

My commitment to you:

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am required by law to keep your information private. These laws are complicated and this notice can not cover all possible situations, so if you have any questions, feel free to ask me.

I will use the information about your health that I get from you or from others mainly to provide you with **treatment**, to arrange **payment** for my services, and for some other business activities which are called health care **operations**. These are called **TPO** for short. After you have read this I will ask you to sign a **Consent Form** to let me use and share your information. If you do not consent and sign this form, I can not treat you.

If I want to disclose (send, share, release) your information for any other purpose I will discuss this with you, and you must sign an authorization form to allow me to do so.

I will keep your health information private, but there are some times when the law requires me to share it. For example:

- ❖ if you are abusing or neglecting a child, senior or the disabled
- ❖ if there is a serious threat to your health and safety, or that of another person, such as in the form of suicidal or homicidal intent
- ❖ in the case of some lawsuits, legal or court proceedings
- ❖ if a law enforcement official requires it
- ❖ for Workers' Comp and other similar benefit plans

Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or a certain place which is more private. e.g. You can specify my calling you only at home and not at work.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members or friends.
3. You have the right to look at the health information I have on you such as your psychological and billing records.
4. If you believe the information in your record is incorrect or some important information is missing, you can ask to make some kinds of changes to your record. You have to make this request in writing and send it to me. You must tell the reasons you want to make the changes.
5. You have the right to a copy of this notice.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, and with the Secretary of Health & Human Services, at PO Box 8050, 7500 Security Blvd., Baltimore, MD 20244-1850.
7. The effective date of this notice is 12/10/07
8. You may have other rights which are granted by the laws of this state, which may be the same or different than those noted above.