



Notice of Privacy Practices

This document describes how we at Orenstein Solutions, P.A. (OSPA) may use and disclose psychological, medical and financial information about you (protected health information-- PHI) that is in our possession. It also describes how you can access this information. We may change our privacy practices at any time as allowed by state and federal law. If we make a significant change in those practices, we will amend this Notice and make the new Notice available on request. To request a copy of our Notice or for more information, please contact Dr. Susan Orenstein. Please review this notice carefully.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS: Federal law does not require us to obtain consent to use or disclose your PHI for treatment, payment and health care operations. We may use or disclose your PHI to another health care professional to provide treatment to you. We may use or disclose your PHI to obtain payment for services we provide to you or to determine eligibility or coverage for services. We may also use your PHI in connection with performance and operation of OSPA. This includes quality assessment, licensure and credentialing activities, training, audits, administrative services, case management and care coordination, among other similar activities.

USES PURSUANT TO AN AUTHORIZATION: As permitted by federal and state law, we may disclose your PHI with your consent. You may generally revoke your consent in writing at any time to the extent we have not already relied on that consent. It is understood that such consent may authorize the release of information to which you have not had access or to information that has not been generated at the time of the execution of the release.

FURTHER DISCLOSURES: Federal and state law do not require patient consent for the following disclosures:

A. Child Abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.

B. Adult Abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.

C. Judicial/Administrative Proceedings: We must comply with an appropriately issued court order or subpoena requiring that we release your PHI and with certain requests from law enforcement agencies.

D. Serious Threat to Health or Safety: We may disclose your PHI to protect you or others from a serious threat of harm.

E. Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.

F. Appointment Reminders and Health-Related Benefits Services: We may use your demographic PHI to contact you as a reminder that you have an appointment or to recommend possible treatment options or alternatives that may be of interest to you.

G. Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; administrative or criminal proceedings or actions; or other activities necessary for oversight of the health care system, for government benefit programs, or for administrative requirements of entities subject to government regulations.

H. Specialized Government Functions: We may disclose PHI required or permitted under federal or state law. For example if you are a member of the Armed Forces, we may disclose PHI as required by military command authorities, national security intelligence activities, protective services for the President, and medical suitability determinations by the Department of Defense or Veterans Affairs.

I. Lawsuits or Disputes: If you are involved in a lawsuit or dispute we may disclose medical information about you in response to court or administrative order. We may also disclose PHI in response to a subpoena or other lawful process after we have attempted to notify you about the request for legal process. We also have the right to release the information to our legal representatives in the event a claim or lawsuit is brought against us.

J. Information Shared with Family, Friends, or Others: We may release PHI to a family member, friend, or other person you have told us is involved in your care that you want to receive PHI. This may include PHI released to the person for payment purposes, unless you object to such release in advance.

K. As Required by Law: There may be other instances where either federal or state law requires that we release your PHI.

PATIENT RIGHTS:

A. You have a right to request restrictions on certain uses and disclosures of PHI; however, federal law does not require that we comply with all requests. You can request and receive confidential communications of PHI by specified means and at alternative locations.

B. You may inspect or obtain a copy of PHI in certain circumstances. You may be charged a fee for the cost of copying and delivery of your PHI. If we deny you that right, you may have this decision reviewed. We will answer your questions concerning the details of the reviewing process.

C. You may request a correction or update to your PHI for so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request. We will answer your questions about the correction process.

D. You have a right to receive an accounting of most disclosures of PHI for which you have not provided consent. However, you are not entitled to receive an accounting of disclosures made for treatment, payment, or health care operations. We will answer your questions concerning the accounting process.

E. You have a right to obtain a paper copy of this notice from us upon request, even if you have received this notice electronically. All such requests must be submitted in writing to Dr. Susan Orenstein at Orenstein Solutions, P.A. at 1100 NW Maynard Road, Suite 140, Cary, NC 27513.

PSYCHOTHERAPY NOTES: You will need to provide us written consent for the release of psychotherapy notes/records specifying the records that you want to be released, except in instances where the release of these records is required by law. Psychotherapy notes do not include prescription information, the times or duration of therapy, the frequency of treatment, clinical test results, or a clinical summary of your care that does not include the psychotherapy notes. While you have the right to request a copy of your psychotherapy notes, we have the right to withhold them if we believe the release of the notes would be harmful to you.

QUESTIONS: If you have questions about this notice, disagree with a decision we make about access to your PHI or have other concerns, contact Dr. Susan Orenstein, Licensed Psychologist, NC License #2603 at (919) 428-2766. You may also file a complaint with the Secretary of the US Department of Health and Human Services. We can provide you with that address. You have the right to be free from retaliation from us for exercising your right to file a complaint. This policy is effective this 1st day of January, 2016.