



Notice of Privacy Practices & HIPAA Acknowledgment

This Notice of Privacy Practices describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully.

True Direction Counseling is required by federal law (HIPAA) and North Carolina law to maintain the privacy of your mental health information and to provide you with this notice of our legal duties and privacy practices.

How We May Use and Disclose Your Information

1. Treatment-

We may use and share your health information to provide, coordinate, or manage your mental health care. This may include communication with other healthcare providers involved in your treatment.

2. Payment-

We may use and disclose your information to obtain payment for services, including billing insurance companies, verifying benefits, and collecting payment.

3. Healthcare Operations-

We may use your information for administrative, clinical, and quality improvement purposes necessary to operate the practice.

Other Uses and Disclosures Allowed or Required by Law

Your information may be disclosed without your authorization in certain situations, including:

When required by law to prevent a serious threat to your health or safety or the safety of others, suspected abuse, neglect, or exploitation of a child, elderly person, or dependent adult. In compliance with court orders or legal processes, public health reporting as required by law. North Carolina law provides additional protections for mental health records, and disclosures are limited to what is legally permitted.

Uses and Disclosures Requiring Your Authorization

Any use or disclosure of your information for purposes not described above will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent that action has already been taken.

Your Rights Regarding Your Health Information

You have the right to:



Request access to or copies of your mental health records
Request corrections to your records
Request restrictions on certain uses or disclosures
Request confidential communications
Receive a paper or electronic copy of this Notice
File a complaint if you believe your privacy rights have been violated
You will not be retaliated against for filing a complaint.

Complaints may be filed with:
True Direction Counseling, or
The U.S. Department of Health and Human Services

Our Responsibilities

True Direction Counseling is required to:
Maintain the privacy of your protected health information
Notify you following a breach of unsecured protected health information
Follow the duties and privacy practices described in this Notice
We reserve the right to change the terms of this Notice and will provide an updated version if changes occur.

Acknowledgment of Receipt

I acknowledge that I have received and reviewed the Notice of Privacy Practices for True Direction Counseling. I understand how my protected health information may be used and disclosed.

Client Name (Print): _____

Client Signature: _____

Date: _____

(If client is a minor)

Parent / Legal Guardian Name: _____

Signature: _____