



RIGHTS & RESPONSIBILITIES

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LESLIE M. HARDY, MSW, LCSW, LCAS
COUNSELING & CONSULTING
809 SPRING FOREST ROAD
SUITE 1000 – SYNERGY CENTER
RALEIGH, NC 27609

Client Rights

DO YOU KNOW:

- As our clients you have certain rights
- These rights are based on **Leslie M. Hardy, MSW, LCSW, LCAS**, Counseling, Coaching & Consulting policies as well as Article 3 of the North Carolina Statutes
- Article 3 is what defines a client's legal right in receiving mental health, developmental disabilities or substance abuse services.

WE PROMISE:

- To protect your legal rights
- To treat you with respect
- To honor your privacy
- The right to dignity
- To help you see your choices
- The right to confidentiality
- To include you in writing your Treatment Plan
- The right for you to see any information that **Leslie M. Hardy, MSW, LCSW, LCAS**, Counseling, Coaching & Consulting have written regarding you.
- To treat you with respect
- Freedom from mental and physical abuse, neglect and exploitation
- To be informed of any potential risks of the services
- The right to refuse any treatment offered.
- To inform you of emergency procedures.
- Not to sell any goods to you or buy any goods from you.

WHAT WE DO:

All staff sign a confidential agreement that states that as a service provider for **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting we cannot share any information about you or your family without your written permission, except:

- When you sign a release form giving permission
- When we believe that you or a family member might harm yourself or someone else, or that you have committed a crime
- In an emergency medical situation
- When a judge issues a court order directing the release of your records
- If we suspect child abuse or neglect, we are required by law to make a report to the Department of Social Service
- In order to provide you with the best of care, **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting may need to share information on your case with other internal administrators or representatives from the local mental health center that referred you to us.

WHAT CAN YOU DO:

- If you have concerns or have a complaint, you can contact the Governor's Advocacy Council for Person's Disabilities (GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of persons with disabilities. Their phone number is 1-800-821-6922
- If you don't like our services you have the right to file a grievance or complaint. Please contact us at: (919) 434-3555.

Notice of Privacy Rights

Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting has a legal duty to protect private information about you. We are required to protect the privacy of health information (PHI) about you as an individual. We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions by first:

- Posting the revised notice in our offices; or
- Making copies of the revised notice available upon request (at our office); or
- Posting the revised notice on our website.

WE MAY USE AND DISCLOSE INFORMATION UNDER THE FOLLOWING CONDITIONS.

1. We may use and disclose information about you to provide services.

This may include communication with other health care providers regarding your treatment. For example, we may use and disclose information when you need a referral for other health care services, or to receive authorization to begin services.

2. We may use and disclose information about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your insurer to assure that services are covered.

3. We may use and disclose your information for health care operations.

We may use and disclose information about you in performing business activities, which we call "health care operations" to allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose information about you for "health care operations" include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include the NC Division of Mental Health / Developmental Disabilities / Substance abuse Services; Area Mental Health Authorities; or the NC Council of Community Programs.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing information in the event that control of our organization changes significantly.

4. We may disclose information to persons involved in your care.

We may disclose information about you to a relative, or any other person you identify if that person is involved in your care the information is relevant to your care. Where the client is a minor, for instance, we may disclose information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. We may also disclose information about you to a relative or other person involved in your care if there is an emergency situation, and we need to notify someone of your location or condition. You may request that we not disclose information to persons involved in your care. We will generally comply with your request, unless there is an emergency or if the client is a minor, we may or may not be able to comply with your request.

5. Other circumstances in which Leslie M. Hardy, MSW, LCSW, LCAS Counseling, Coaching & Consulting may use and disclose information about you.

We may use and/or disclose information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding, or when the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and /or disclosure is for health oversight activities. For example, we may disclose information about you to a state or federal health oversight agency which is authorized by law to oversee our operations or to assure the public health.
- When the disclosure is for law enforcement purposes. For example, we may disclose information about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries, or in reporting missing persons.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose information about you to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose information about you to a correctional institution having lawful custody of you.

6. We may use or disclose information about you with your authorization.

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose information about you. If you sign an authorization allowing us to disclose information about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose information about you after we receive your cancellation, except for disclosures which are being processed before we received your cancellation.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU

1. **You have the right to request restrictions on uses and disclosures of information about you.** We are not required to agree to your requested restrictions. However, even if we agree to your request in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Department of Health and Human Services, and uses and disclosures described in the previous section of this Notice. You may request a restriction by notifying **Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting.**
2. **You have the right to request different ways to communicate with you.** You have the right to request how and where we contact you. For example, you may request that we contact you at your work address or phone number or by email. You may request alternative communications by notifying **Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting.**
3. **You have the right to request to see and receive a copy of information created by Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting contained in your clinical record.** There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy by **Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting** in writing.
4. **You have the right to request amendments or changes to clinical, billing and other records used to make decisions about you.** If you believe that we have information that is either inaccurate or incomplete, we may add information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you wish to add an amendment to the clinical record yourself that must be done in the presence of **Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting** personnel. The PSG staff person may add an additional response to your amendment, but only in your presence. We may deny your request to change or delete entries in the clinical record. If we deny your request, we will explain our reasons for doing so in writing.

5. **You have the right to receive a written list of disclosures about you.** You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003).

We are not required to include disclosures:

- For your treatment
- For billing and collection of payment for your treatment;
- For our health care operation;
- Authorized by you or which are made to individuals involved in your care;
- Allowed or required by law when the use and/or disclosure relates to certain specialized government functions;
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) or the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. You may request a listing of disclosures by notifying **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting.

6. **You have the right to request a paper copy of this Notice at any time by notifying Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting.** We will provide a copy of this Notice on the date you begin receiving services from us.
7. **You have the right to request restrictions on uses and disclosures.** You have the right to request that we limit the use and disclosure of information about you for treatment, payment and Health care purposes. We are not required to comply with your request; however, such requests can be made by notifying **Leslie M. Hardy, MSW, LCSW, LCAS, Counseling, Coaching & Consulting** in writing.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated by us, or you want to complain to us about your privacy practices, you can contact the representative listed below:

Leslie Hardy
Mailing Address: P.O. Box 58098
Raleigh, NC 27658-8098
Street Address: 809 Spring Forest Road, Suite 1000
Raleigh, NC 27609
Phone: (919) 434-3555

You may also send a written complaint to the Department of Health and Human Services at:

Office for Civil Rights
US Department of Health and Human Service
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

When you have had these rights explained and received a copy, please sign the attached acknowledgment form.

Most recent Effective Date of this Notice – July 23, 2018

Client Responsibilities

Each Client Has The Following Responsibilities While Receiving Services At Leslie M. Hardy, MSW, LCSW, LCAS Counseling, Coaching & Consulting:

- To ask questions regarding your diagnosis, treatment, outcomes and instructions or recommendations.
- To actively participate in your treatment planning and services.
- To give updated and complete information about current and past health issues, medications and other matters pertaining to your health and treatment services.
- To inform your clinical staff person and/or physician if you are experiencing any problems with treatment or medications.
- To keep all scheduled appointments and to arrive on time as scheduled.
- To notify **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting at least 48 hours in advance to cancel or reschedule an appointment.
- To provide payment at the time of service as arranged in the **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting Financial Agreement.
- To notify **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting office regarding any changes in your funding or insurance to update your billing information and to insure proper billing.
- To treat all **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting staff, volunteers and other clients with dignity and respect.
- To maintain the confidentiality of other clients you may encounter at **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting sites of service.
- To maintain the safety and welfare of all other persons on **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting property. This includes reframing from profanity, not bringing weapons of any type onto PSG property or threatening anyone while on **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting property.
- To respect **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting property and be responsible for any damages to property that you may cause and be responsible for any damages to property caused by anyone for whom you are responsible for while on **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting property.

24 Hour / Emergency Coverage

As your primary therapy provider, **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting provides emergency coverage, to all persons that it serves, as deemed appropriate. If we determine that the nature of the emergency is beyond our ability to adequately address, you may be referred to one of the emergency care providers listed below.

If you should experience a mental health emergency please call **Leslie M. Hardy, MSW, LCSW, LCAS** Counseling, Coaching & Consulting at the following numbers, leave a message if necessary and someone will return your call within fifteen minutes:

- during normal or after business hours please call our office at 919-434-3555

**IF YOU FEEL YOU NEED MORE IMMEDIATE ATTENTION OR
ARE EXPERIENCING A MEDICAL EMERGENCY,
PLEASE GO TO YOUR LOCAL EMERGENCY ROOM OR DIAL 911**

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