



**Notice of Privacy Practice/Confidentiality  
Clients' Rights and Agency Policies**

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

PLEASE REVIEW IT CAREFULLY.

255 18<sup>th</sup> Street, SE  
Hickory, NC 28602  
Phone: (828) 327-6633

After business hours behavioral health emergency:  
(828) 446-4774

Crossroads Counseling Center is here to serve your needs. We appreciate the trust you have placed in us, and we are committed to using protected information about you responsibly.

**Notice of Privacy Practices/Confidentiality**

**Understanding Your Health Information**

A case file is maintained during the course of your treatment here. Your record may include, but is not limited to daily progress notes, treatment plan, assessments, drawings, photographs, and videotaped sessions. This record is the property of Crossroads Counseling Center and serves as:

- A basis for planning your care and treatment
- A means of communication among the professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating professionals
- Resource of data for our practice planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

An understanding of what is in your record and how health information is used will help you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information

## **How Will My Information Be Used?**

We will use the information that we get from you and others about your health, to provide you with **treatment** (i.e., assessing needs, developing goals and interventions, tracking course of treatment), arrange **payment** (i.e., billing your insurance company, Medicaid, etc.) and for regular **healthcare operations** (i.e., quality improvement). Non-identifying information may be used for supervision purposes.

If you or we want to use or disclose (send, share, release) your information for any purposes other than treatment, payment, and/or operations we will discuss this with you and ask you to sign an authorization form to allow this.

No information will be released to anyone without your permission **except** where the State of North Carolina mandates, such as:

- In the interest of public safety (life threatening situation regarding self or others)
- In response to a medical emergency
- In response to court order or subpoena
- Where state law requires disclosure (suspected child or disabled adult abuse, communicable disease)

## **Clients' Rights**

1. You have the right to treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.
2. You have the right to an individualized written treatment plan and the right to access medical care for treatment of physical ailments.
3. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you (e.g., call you at home and not at work to schedule or cancel an appointment). Please use the space provided on the intake form to specify how you would like us to communicate with you.
4. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except in cases where it is against the law, in an emergency, or when the information is necessary to treat you. Confidential information may not be disclosed without written consent when federal statutes prohibit that release. Your therapist or the Privacy Officer can provide you with the appropriate request form.
5. You have the right to look at the information in your case file to the extent that it does not interfere with the treatment process. To do so you must submit a written request and upon the approval of the Privacy Officer, review will take place in the presence of a therapist.
6. If you believe the information in your records is incorrect or missing important information, you can ask us to make changes (called amending) to your health information. A request to change your demographic information (e.g., address, phone number) or other information must be made in writing. Your therapist or the receptionist can provide you with the appropriate form.
7. You have the right to a copy of this notice. If we change information in this document we will post the new version in our waiting area and you can always get a copy from your therapist or the receptionist.
8. You have the right to file a complaint if you are dissatisfied with your experience here. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. Your therapist or the Privacy Officer can provide you with a complaint form. Filing a complaint will not negatively change the care we provide to you in any way.
9. You have the right to revoke your authorization to use or disclose information except to the extent that action has already been taken. Your therapist or the Privacy Officer can provide you with the appropriate form.
10. You have the right to request an accounting of disclosures of your protected health information. Your therapist or the Privacy Officer can provide you with the appropriate form.
11. You may withdraw from services at any time unless otherwise ordered by the court.

Services will be terminated or a referral made to another facility should it be determined that your child does not need additional treatment or that he/she would be better served by another facility.

#### **Maintenance of Records and Termination**

The case file records will be maintained under lock.

12. Termination may occur when there has been no contact with you for at least ninety (90) days. Upon termination from services, the case file will become inactive but will remain secure for a period of at eleven (11) years. At this time, the case file and any related information will be destroyed.

Videotaped sessions may not be kept on file as an integrated aspect of the case file and may be destroyed immediately following review by the therapist.

#### **Appointment Times and Scheduling**

A counseling hour is approximately 45-50 minutes. If you should need to cancel or change an appointment, we request 24 hours notice. You may be charged a fee for failure to give this notice. If you have a standing, recurring appointment and miss two consecutive appointments without notice, future standing appointments will be canceled. You would need to speak directly with your therapist to reschedule.

#### **Emergency**

In case of an emergency or imminent risk, Crossroads staff will call 911 and/or the emergency contact person listed on the intake form.

**Disability Rights of North Carolina 1-877-235-4210**

#### **Non-discrimination Statement**

Crossroads Counseling Center strives to maintain an emotionally and physically safe environment that fosters mutual respect. Therefore, in keeping with its long-standing traditions and policies, Crossroads Counseling Center prohibits discrimination based on any characteristic or trait, including but not limited to, race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, disability or protected veteran status, or genetic information.

#### **Mission Statement**

Crossroads Counseling Center is a private agency committed to promoting the well-being of children, adolescents, adults and families by providing quality therapeutic and culturally competent services. We understand the many difficulties facing families today, and it is our mission to assist those we serve to achieve their maximum potential by providing services to their needs.