

# Karen D. Miles MD, PLLC Notice of Privacy Policies

This notice describes how your medical information can be used, disclosed and safeguarded, and how you can get access to this information. Please review it carefully.

**Provider Responsibilities:** The confidentiality of your personal healthcare information is very important to us. Your health information includes both clinical (symptoms, diagnose, treatments) and administrative (billing, dates) material. Generally speaking, providers are required to maintain the privacy of your health information as required by law, provide you with the Notice of provider duties and privacy practices regarding the health information about you that your provider collects and maintains, and follow the terms of this Notice currently in effect.

**Uses and Disclosures of Information:** Under federal law, your provider is permitted to use and disclose personal health information for treatment, payment, and health care operations without authorization. Whenever possible, I will obtain your consent before disclosing any such information. Here are some examples.

- **Treatment:** Your provider consults with your therapist or family doctor about your condition.
- **Payment:** Your health information is disclosed to your insurer to obtain reimbursement. In these situations, your provider will disclose only the minimum amount of information necessary.
- **Health Care Operations:** This refers to administrative activities such as services and audits that relate to the operation of this practice.

**Other Uses and Disclosures:** In the following situations your provider may be ethically or legally obligated to use or disclose your personal information without authorization

- **Serious Threat to Health or Safety:** Your provider may disclose your health information to protect you or others from a serious threat of harm by you.
- **Abuse, Neglect, or Domestic Violence:** If you give your provider information which leads her to suspect child abuse, neglect, or death due to maltreatment of a child; or that a disabled adult is in need of protective services, she must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information relevant to a child protective services investigation, she must do so.
- **Minors:** If you are an unemancipated minor under North Carolina law, there may be circumstances in which your provider discloses health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with your provider's legal and ethical responsibilities.
- **Parents:** If you are the parent of a unemancipated minor, and are acting as the minor's personal representative, your child's health care provider may disclose health information about your child to you in under certain circumstances. For example, if the provider is legally required to obtain your consent as your child's personal representative in order for your child to receive care from this practice, the provider may disclose health information about your child to you. In some circumstances, a provider may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to

treatment and does not request that you be treated as his or her personal representative, the provider may not disclose information about your child to you without your child's written authorization.

- **Judicial or Administrative Proceedings:** In cases where you are involved in a court proceeding and a request is made for your personal health care information, this information is privileged under state law and your provider will not release it without your consent or a court order.
- **Worker's Compensation:** Your provider may disclose health information about you for purposes related to worker's compensation, as required and authorized by law.
- **Health Care Oversight:** Your provider may disclose health information about you for oversight activities authorized by law or to an authorized healthcare agency to facilitate auditing, inspection, or investigation related to your provider's provision of health care, or to the health care system.
- **Food and Drug Administration (FDA):** Your provider may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.
- **Required by Law:** Your provider may disclose health information about you as required by federal, state, or other applicable law. You will be notified, as required and when allowed by law, of any such disclosures.

**Psychotherapy Notes:** In the course of your care with this practice, your provider may keep separate notes about your conversations. These notes, known as psychotherapy notes, are kept apart from the rest of your medical record and their confidentiality is subject to greater protection. They do not include basic medical information about your diagnosis or treatment.

Psychotherapy notes may be disclosed only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for your provider to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment or enroll in a health plan. Psychotherapy notes are also not among the records you may request to review or copy (see discussion of your rights in the next section below). If you have any questions, feel free to discuss your rights with your provider.

**Your Health Information Rights:** Under the law, you have certain rights regarding the health information that is collected and maintained about you by this practice. This included the rights to:

- Request that your provider restricts certain uses and disclosures of your health information; your provider is not, however, required to agree to that restriction.
- Request that your provider communicate with you by alternative means. Your provider will accommodate reasonable requests for such confidential communications; for example, if you do not want a family member to know you are receiving treatment at this practice, your provider can send correspondence to an alternate address.
- Request to review, or receive a copy of, the health information about you that is maintained by this practice. If your provider is unable to satisfy your request, she will tell you in writing the reason for that denial and your right, if any, to request a review of that decision.

- Request that your provider amend the health information about you that is maintained in her files and the files of other members of the Karen D. Miles, MD, PLLC treatment team (if applicable). Your request must explain why you believe the records are incorrect, or otherwise require amendment. If your provider is unable to satisfy your request, she will tell you writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of your provider's disclosures of your health information. This list, known as an "accounting" of disclosures, will not include certain disclosures, such as those made for treatment, payment, or healthcare operations.
- Request a paper copy of this Notice.

In order to exercise any of your rights described above, you must submit your request in writing to your provider. If you have any questions about your rights, please speak with your provider in person or by phone during normal office hours.

**For More Information or to Report a Problem:** If you need further information or want to contact your provider for any reason regarding the handling of your health information, please direct any communication to:

Karen D. Miles, MD, PLLC  
2741 Campus Walk Ave, Building 400, Suite 100  
Durham NC, 27705  
(984)-888-5876

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to your provider. You may complain to the Secretary of Health and Human Services (HHS) at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S. W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019; [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov)

Your provider cannot, and will not, make you waive your right to file a complaint with HHS as a condition of care at Karen D. Miles MD, PLLC, or penalize you for filling a complaint with HHS.

**Revisions to this Notice:** The providers at Karen D. Miles, MD, PLLC reserve the right to emend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that your provider maintains, including information about you collected or obtained before the effective date of the revised Notice. If the revision reflects a material change to the use and disclosure of your information, your rights regarding such information, your provider's legal duties, or other privacy practice described in the Notice, your provider will promptly distribute the revised.

# Patient Request for Email Communications and Social Media Policy Form:

**You must complete this form and return it to me before I can communicate with you via email or text.**

This form discusses the risks of communicating with me via email and text and how I may use and disclose the information you send me. If you decline to sign this form then I will only communicate with you using the phone or fax.

Communications over the Internet, text and/or using the email system may not be encrypted and may not be secure. There is no assurance of confidentiality when communicating via email or text.

## **PLEASE READ THIS INFORMATION CAREFULLY**

**Social Networking Sites:** I do not accept friend or contact requests from current or former clients on any social networking sites such as Facebook or LinkedIn. I believe that accepting clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy, as well as blurring boundaries of therapy.

**Use of Search Engines:** It is not a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions maybe made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

**Email:** Email communications are two-way communications. However, responses and replies to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition. If you have an urgent or an emergency situation, you should not ever rely on email to request assistance or to describe the urgent or emergency situation. Instead, you should act as though email is not available to you and seek immediate medical attention by calling 911 if necessary.

Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer or when access to your email messages is not encrypted. Unencrypted email provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is going to go through the mail.

Email is sent at the touch of a button. Once sent, an email message cannot be recalled or cancelled. Errors in transmission, regardless of the sender's caution, can occur. You can help minimize this risk by using only the email address that you provide to me to forward or to process and respond to your email.

Neither you nor the person reading your email can see the facial expressions or gestures or hear the voice of the sender. Email can be misinterpreted. At your health care provider's discretion, your email message and any and all responses to them may become part of your medical record.

In some circumstances you might sign a release of information consenting for me to communicate with another provider or person about our work together. If you sign an authorization form for me to communicate with another individual about our work and that authorization form does not include specific language prohibiting the sharing of information received by email than any and all email correspondence is subject to being shared with such individuals.

If there were a breach of your protected health information (PHI) by me, you have the right to be notified of the breach. A breach of PHI is acquisition, access, use, or disclosure of your PHI in violation of HIPAA Privacy Rules. If a breach were to occur, you have a right to be notified and I would notify you. In addition, I would conduct an investigation and risk assessment of the breach to determine how to make necessary adjustments and to prevent recurrences of breaches.

It is recommended that you send a test email or text before corresponding via email.

**Text Messages:** As with email, text messages are not secure and could theoretically be read by others. Again, if you text me with private information, you are acknowledging that this is not a secure method of communication. I recommend that texting be used only in rare instances, such as when a check-in call is needed or to alert me to a late arrival to session. I understand and agree to the following:

- I certify the email address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address.
- I have received a copy of the Patient Request for Email Communications and Social Media Policy Form, and I have read and understand it.
- I understand and acknowledge that communications over the Internet, text, Skype and/or using the email system may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicated via email.
- I understand that all email communications may be forwarded or shared with any person for whom I have signed a release of information form, unless I have explicitly requested that emails not be shared with the person and this request was documented on the release of information form that I signed.
- I agree to hold Karen D. Miles MD PLLC and individuals associated harmless from any and all claims and liabilities arising from or related to this request to communicate via email or text.

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Signature

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Date

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Printed Name