



Aspiring Hearts Counseling

Consumer Handbook

Client Rights, Responsibilities, Crisis Information, and Notice of Privacy Practices

Client Rights

Unless you have been declared incompetent by a court, you have the same basic civil rights and remedies as other citizens, including the right to buy or sell property, sign a contract, register and vote, sue others who have wronged you, and marry or get a divorce. When you receive services, you are entitled to the following rights:

- To be treated with dignity, respect, and humane care
- To be free from discrimination for any reason including: age, race, sex, disability, sexual orientation, or any other class
- The right to privacy and the right to be free from unreasonable search or seizure of person or property
- The right to confidentiality
- The right to be involved and make decisions about your care
- The right to be involved in the development and reviewed of your treatment plan
- The right to be informed of the interventions being used
- The right to ask questions or receive clarification about what you do not understand
- The right to be protected from and be free from harm, abuse, neglect, and exploitation
- The right to be free from any form of corporal punishment, pain, shock, unpleasant or noxious substances
- The right to consent to or refuse treatment
- The right to be free from the threat or act of unwarranted suspension or discharge of services
- The right to the least restrictive and most appropriate methods and interventions
- Freedom of speech, religious expression, and lifestyle expression
- A right to a comfortable and safe environment for self-expression
- The right to be free from any form of restraint, seclusion, or isolation time-out
- The right to request/receive a copy of or see your medical records, treatment plan, or discharge plan
- The right to treatment regardless of age, mental health status, or disability
- The right to voice a complaint or concern without retaliation
- The right to contact Disability Rights of North Carolina and file a complaint
- The right to a written summary of your rights
- The right to know your treatment costs
- The right to a written treatment plan based on your needs
- The right to know your responsibilities and the rules associated with services, as well associated consequences
- The right to make instructions for your treatment in advance
- The right to be in a tobacco free environment, and if needed, assistance and treatment for tobacco cessation
- You have certain appeal rights, such as if services are reduced, suspended, or denied
- To all rights outlined in the Notice of Privacy Practices
- To all rights given to you by local, state, and federal laws, including NC General Statute 122C, Article 3

If you have any questions or problems about your rights, or if you feel any of your rights have been violated, talk with your therapist. Contact Disability Rights of North Carolina if your therapist does not satisfactorily address your questions or problems.

Confidentiality

The confidentiality of your care and treatment is protected by law. Except as allowed by law and agency regulations, your records and other information about you will not be released without your written permission. Circumstances under which we may be required to share information with another about the services you receive include:

- If you give permission, we may share information with any person that you name.
- Your next of kin may be informed that you are a consumer, if it is in your best interest. With your permission, your next of kin, a family member with a legitimate role in your service, or another person whom you name (Emergency Contact) may be given other information about your care.
- A consumer advocate may review your record when assigned to work on your behalf.
- A Guardian Ad Litem (GAL) assigned to a minor client may access the client's information.
- The court may order us to release your records.
- Our attorney may need to see your file because of legal proceedings.
- Request from the funding source, or an audit.
- To funding sources, billing agents, or collection companies to obtain payment for services.
- Additionally: Another facility or HIPAA Covered Entity may need to receive your files when your care is transferred.
- If you become imprisoned, we may share your file with prison officials.
- In an emergency when another professional who is treating you may receive your records.
- A physician or other professional who referred you to our facility may receive your files.
- If we believe that you are a danger to yourself or to others, or if we believe that you are likely to commit a crime, we may share information with law enforcement. Depending on the circumstances we may have a duty to warn/protect and provide the required information to the appropriate entities.
- We are required to report abuse, neglect, or exploitation of protected classes to the appropriate authorities.
- We may be required to report certain injuries and/or situations related to violent crimes or sex crimes to the appropriate authorities.
- Special rules may apply if you have a legal guardian appointed, are a minor, or are receiving treatment for substance abuse.
- You have the right to see your own records except under certain circumstances, specified by law. You have the right to have those circumstances explained to you.
- Review the agency Notice of Privacy Practices for further information.

Client Responsibilities

You have the following responsibilities while receiving counseling services:

- Actively engage in your treatment and be open and honest with your therapist
- Maintain consistency with your appointments, attend scheduled appointments, and avoid canceling or rescheduling
- Inform your therapist of any important changes (insurance, medication, contact info, name, address, etc.)
- Be on time for your appointments. Allow yourself enough time for traffic, parking, turning on a device, etc.
- If you can't keep your appointment, notify your therapist as far in advance as possible (At least give a 24-hour notice)
- Actively work towards your goals outside of sessions and complete homework assignments
- Be prepared to pay any copays, coinsurance, or balances at the beginning of each session or make payment arrangements
- Maintain open communication. Return telephone calls, texts, emails, messages, etc. in a timely fashion
- Minor children, clients and non-clients, on the premises must be supervised by a responsible adult
- No weapons (guns, *including concealed permitted weapons*, knives, etc.) on the premises by any individual including non-clients
- No tobacco items or use (smoking, vaping, smokeless tobacco, etc.) on the premises by any individual including non-clients
- Be respectful of others (Including: No threats, violence, or being loud. Respect the confidentiality of others.)
- Be respectful of property and belongings (Including: No damaging or defacing property or belongings of others.)

Not following responsibilities or being compliant with treatment may result in suspension or discharge of services or referral to another service or facility/agency. Your therapist may inform you of additional responsibilities, rules, and/or consequences in writing on an individual basis.

Obtaining Your Treatment Plan and Other Medical Records

Your treatment plan is a document that contains the goals of your treatment. As with all your medical records, you have a right to your treatment plan. During your active treatment, you may receive free copies of your treatment plan. Upon the completion of your initial treatment plan or any updates, you will be offered or given a copy of your treatment plan. If you do not receive a copy of your treatment plan you may request one from your therapist. Your treatment plan and other medical records may be available in your online patient portal.

To obtain your treatment plan or other medical records:

- Talk with your therapist about obtaining your treatment plan or other medical records.
- You may call 919-538-3458 to obtain your treatment plan or other medical records.
- You may be requested to complete a written request for medical records.
- There may be a copying fee for some medical records.
- For additional questions or information regarding obtaining your treatment plan or other medical records, talk with your therapist.

Emergency / Crisis Information and Basic Crisis Plan

A mental health crisis is a serious situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering or causing harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed. These situations may or may not be life threatening.

If you have a crisis situation involving a life-threatening situation where a weapon or aggressive behaviors are involved, or immediate medical attention is needed, call 911 or go to a local Hospital Emergency Department.

A Therapist from Aspiring Hearts Counseling is available to you 24 hours per day, 7 days per week for crisis situations and is your first resource in a behavioral health emergency. A therapist can support you by phone, assist in developing a plan to address the situation, and/or arrange an emergency appointment.

- Contact your therapist directly first.
- Call the Aspiring Hearts Counseling Crisis line at (919) 538-3458 and select the crisis line option.

Your therapist may develop an individualized crisis plan with you. If you have developed an individualized crisis plan, follow your crisis plan. Otherwise, you may use the basic crisis plan below.

Basic Crisis Plan

1. Identify triggers or warning signs that may lead to a crisis or make the situation worse.
 - Take a time-out or try to get away from the situation if possible.
2. Use appropriate coping skills to help with the situation. Try skills you discussed with your therapist.
Example Skills:

Deep Breathing	Relaxation Exercises	Meditation
Listen to Music	Arts and Crafts	Physical Exercise
Take a Walk	Write/Journal	Watch TV/Movie
Play a Game	Do Something You Enjoy	Read
3. Seek personal support. Call or talk with someone you trust, such as a close friend or family member.
4. Seek professional support.
 - a. Is the situation life-threatening requiring immediate attention from medical personnel or law enforcement? (Weapons, Aggressive/Dangerous Behaviors, Serious Injury)
 - Call 911
 - Go to the nearest Hospital
 - b. Contact Aspiring Hearts Counseling to speak with a therapist. (Available 24/7)
 - Contact your therapist directly first
 - Call the crisis line at (919) 538-3458 and select the crisis line option
 - If you do not reach a therapist, leave a message and indicate you are having a crisis. (A therapist will return your message as soon as possible but it could take a few hours, as therapists may be involved with others and unable to receive calls)
 - c. Additional crisis resources after calling Aspiring Hearts Counseling and immediate assistance is needed while waiting for a return call from an Aspiring Hearts Counseling Therapist.
 - Alliance Health Behavioral Health Crisis Line 1-877-223-4617
 - Call or text the Suicide and Crisis Lifeline at 988
5. Seek inpatient support to ensure safety if all previous steps have not de-escalated the crisis and/or informed by a mental health professional to seek inpatient support.
 - Holly Hill Hospital – 1-800-447-1800 / (919) 250-7000
 - Monarch Behavioral Health Urgent Care – 1-866-272-7826
 - The nearest hospital emergency department

After a crisis situation, work with your therapist to debrief and process the situation.

Aspiring Hearts Counseling Notice of Privacy Practices

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

Effective Date: February 1, 2024

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and ethical standards. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

It is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *ACA Code of Ethics*, the *NASW Code of Ethics*, and HIPAA.

Child or Elder Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law, such as child protective services or adult protective services, to receive reports of child or elder abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person’s estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime, in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of documentation such as assessments, treatment plans, progress notes or psychotherapy notes which are separated from the rest of your medical record (our policy is to not release progress notes or psychotherapy notes unless absolutely necessary.); (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Disclosure to Health Information Exchanges. We participate in the North Carolina Health Information Exchange Network, called NC HealthConnex, which is operated by the North Carolina Health Information Exchange Authority (NC HIEA). We will share your protected health information, or PHI, with the NC HIEA and may use NC HealthConnex to access your PHI to assist us in providing health care to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from North Carolina programs like Medicaid and State Health Plan. We may also share other patient data with NC HealthConnex not paid for with State funds. If you do not want NC HealthConnex to share your PHI with other health care providers who are participating in NC HealthConnex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC HealthConnex are available online at NCHealthConnex.gov. You may also talk with your therapist for additional information. Again, even if you opt out of NC HealthConnex, we still will submit your PHI if your health care services are funded by State programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC HealthConnex, please visit NCHealthConnex.gov/patients.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer or your therapist:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause harm to you, if the information contains confidential information provided by a third party, or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
 - **Note:** Prior to requesting access to your PHI, we recommend discussing the benefits and risks of accessing your PHI with your therapist. Sometimes reviewing PHI can be confusing or even damage a therapeutic relationship. When

PHI is released to you or a designated person, there is also a risk that the information may not be secure and confidential information can be exposed. Coogan Hickey Services, Inc./Aspiring Hearts Counseling is no longer responsible for the information or PHI that is released to you or your designated person. To minimize confusion and other risks of access to your PHI, we request that when you or your designated person inspect or receive copies of your PHI that you and/or your designated person meet with your therapist or a clinical director to inspect the PHI together, unless this causes a significant burden.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS / GRIEVANCES

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

If you believe we violated any of your rights or complaints about your services, first address your complaint with your therapist or submit a complaint in writing to Aspiring Hearts Counseling. If you feel we are unable to resolve your complaint, you may contact your insurance provider (if you are using insurance for payment of services), Disability Rights NC (see below), or the licensure board of your therapist. Only contact the licensure board that has issued the professional license of the therapist in which you wish to make a complaint. The following is a list of a few licensure boards but is not a complete list; contact us if you need contact information for a different licensure board.

Licensed Clinical Mental Health Counselors

North Carolina Board of
Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
(844) 622-3572

Licensed Clinical Social Workers

North Carolina Social Work
Certification and Licensure Board
P.O. Box 1043
Asheboro, NC 27204
1-866-397-5263

We will not retaliate against you for filing a complaint.

Disability Rights NC

This statewide agency is designated under federal and state law to protect and advocate for the rights of persons who have disabilities.

Disability Rights NC

3724 National Drive
Suite 100
Raleigh, NC 27612

TTY: 888-268-5535
Fax: 919-856-2244
info@disabilityrightsnc.org
www.disabilityrightsnc.org

Toll Free: 877-235-4210 Local: 919-856-2195

NC Department of Health and Human Services

(919) 855-4800
Dept. of Mental Health, Developmental Disabilities, and Substance Abuse Services – 1-800-662-7030