Carolina Psychiatric & Wellness
EVERY MIND MATTERS

2800 Village Way | Trent Woods, NC 28562
Phone 252-637-7300 | Fax 252-637-1772

Patient's Rights and Responsibilities

Carolina Psychiatric and Wellness, PLLC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex.

As a patient you have certain rights and responsibilities. We recognize that a respectful relationship between the healthcare provider and the patient is the foundation of proper medical care.

Patients have the right to:

- Receive dignified, private, humane care and treatment while being cared for with respect and consideration

- While receiving treatment, gain access to medical care and habilitation, regardless of age or degree of mental illness or developmental disabilities

- Privacy and confidentiality when seeking or receiving care except for life threatening conditions or situations

- Confidentiality of your health records

- Receive accurate information concerning diagnosis, treatment, risks involved, and prognosis of an illness or health related condition

- Ask about reasonable alternatives to care

- Consent to/or refuse mental health treatment

- Participate actively in decisions regarding one's health care and treatment

- Accessible information regarding the scope and availability of services

- Be informed about any legal reporting requirements regarding any aspect of screening or care

Patients have the responsibility to:

- Provide complete information about one's illness/problem, to enable proper evaluation and treatment

- Ask questions so that an understanding of the condition or problems is ensured

- Show respect to health personnel and other patients

- Reschedule/cancel an appointment in a timely manner (24 hours prior to appointment)

- Update the office with any insurance changes. If you do not provide your new insurance information, the date of service will be your responsibility.

- Pay outstanding balances in a timely manner

- Provide accurate/up to date medication list

- Inform the provider(s) if one's condition worsens or an unexpected reaction occurs from a medication

- Update office when contact information changes. Which may include and/all of the following: home/cell/work phone numbers, home and email address

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Individual Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information

- The right to receive confidential communications concerning your medical condition and treatment

- The right to inspect and copy your protected health information. The right to amend or submit corrections to your protected health information

- The right to receive an accounting of how and to whom your protected health information has been disclosed to

- The right to receive a printed copy of this notice

Carolina Psychiatric and Wellness, PLLC Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. The release and/or disclosure of your protected health information may only occur with a signed consent unless it is an emergency. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Right of Minors to Consent to Treatment

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the ability to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy, abuse of controlled substances or alcohol; and emotional disturbance.

Financial Responsibilities

You will be expected to show your insurance card at each visit. You are required to update the office of any insurance changes. You are responsible for knowing your co-pay amount and whether you need to meet your deductible. If you have not met your deductible, we will expect payment in full. Insurance companies do not cover some services; you will be responsible for these charges. Insurance is a contractual agreement between you and your insurance company. If we are contracted with your insurance company, we will be glad to file your claim.

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Requests to Inspect Protected Health Information

You may generally inspect of copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Duty to Warn

CPandW reserves the right to breach confidentiality to notify authorities, persons who know the client and/or persons who are at risk of harm in situations where the individual presents a significant and imminent risk of harm to themselves or others. This right is known as “duty to warn”. Employees are not under a duty to voluntarily inform authorities regarding a client’s past or intended criminal act, except where there is a risk of imminent physical harm. Involving authorities may lead to the determination that the client needs to be detained for an involuntary assessment.

Complaints

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to:

CPandW HIPAA 2800 Village Way Trent Woods, NC 28562

You will not be penalized or otherwise retaliated against for filing a complaint. Carolina Psychiatric and Wellness, PLLC is committed to protecting the confidentiality of your health information.

Effective Date of this Notice of Privacy Practices August 31, 2017

Signature _____

Date _____