

This notice and disclosure are provided to all clients upon intake and reviewed as a part of our informed consent process.

Healthier Place, PLLC

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www.healthierplacepllc.com

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336-988-8052

NOTICE OF PRIVACY PRACTICES (NPP)

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.

HEALTHIER PLACE, PLLC (the "Practice") is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice via email at healthierplacepllc@gmail.com.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say "yes" to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

We will never share any substance abuse treatment records without your written permission.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated.

You can file a complaint to the North Carolina Marriage and Family Therapy Licensure Board by sending an email detailing your complaint using the following information:

Paola Learoyd Gibbs, Executive Director: executivedirector@ncbmft.org

Tara Strickland, Director: director@ncbmft.org

PO Box 10912

Raleigh, NC 27605

Phone: 919-568-3014

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

The Practice will not retaliate against you for filing a complaint.

To opt out of receiving website or other communications.

- The Practice may contact you for updates around the practice and our efforts, but you can ask not to be contacted again by responding via email.

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you. We never market or sell personal information.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.

- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Marketing, sale of PHI, and psychotherapy notes.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website [www.healthierplacepllc.com].

- The Practice will inform you if PHI is compromised in a breach.

NOTICE EFFECTIVE DATE: 8/22/2024

Professional Disclosure Statement

A majority of the information contained in this document is mandated by North Carolina state law for licensed providers and is provided for your protection. For any questions regarding this document or your services, please feel free to discuss them with your provider.

Contact Information:

Phone: 336-988-8052

Email: healthierplacepllc@gmail.com

Website: www.healthierplacepllc.com

Personal Information:

Asha Bethea-Fields is a Licensed Marriage and Family Therapist (LMFT; #2587) in North Carolina and a Certified Professional Coach (CPC) and Certified Christian Life Coach (CCRC). Asha received her Bachelor's Degree (Psychology) from North Carolina Agricultural & Technical State University, her Master's Degree (Clinical Marriage and Family Therapy) from Touro University, and her dual coaching certifications from the World Coach Institute.

Therapy Services:

As a Marriage & Family Therapist, my area of specialized training is the systemic treatment of individuals, couples, and families. The systemic approach to therapy takes into consideration all persons and relational dynamics relevant to the client's therapy/treatment. The decision on any persons needing to be included in therapy is made jointly with the client. I am theoretically based in, but not limited to, Systemic therapy, Structural therapy, Cognitive-Behavioral therapy, Person-Centered therapy, Emotion Focused therapy/Emotionally Focused Couples therapy, and Narrative therapy as a core integration of my therapeutic approach. I attempt to emphasize rapport, openness, congruency, and genuineness with my clients. It is expected that some uneasiness or painful emotions may occur as you are involved in therapy. Discussing painful issues will naturally create discomfort. Your participation in therapy is essential toward helping you address your concerns. You may choose to terminate therapy at any time during the course of treatment; however, I reserve the right to encourage you to continue in therapy if I find it beneficial for your growth and development. I do ask that you take responsibility for homework that may be assigned from time to time. I render therapeutic services that include but are not limited to:

- Adjustment to changes encountered by individual life cycle development
- Adjustment to changes encountered by family life cycle development
- Adjustment to changes encountered by child/adolescent life cycle development
- Adjustment to changes encountered by death and bereavement
- Adjustment to changes encountered by relational difficulties

- Adjustment to challenges encountered by sexual or intimacy difficulties
- Adjustment to challenges encountered by trauma and trauma related experiences

Fees:

You may pay by Cash, Electronically, or Debit/Credit Card. The fee is to be paid before or at the time of each session. This practice does not currently accept insurance, though we can support clients interested in superbill documentation. However, you will need to be responsible for requesting such documentation and providing it to your insurance provider.

Ethics:

In the event that Asha is unable to provide the services you require, she will provide information on referrals to other professionals trained to meet your needs.

Sexual relations between therapists and their clients are never appropriate, and sexual relations will not occur between Asha and clients or any persons seen in a professional setting.

Confidentiality:

The information you share in therapy with Asha is generally considered confidential by state law. Additionally, it is considered privileged communications in a federal court. However, North Carolina courts do not recognize privilege. Therefore, the information you share in therapy can be subpoenaed through a court order. Further, Asha is mandated by law through “duties to warn” to breach confidentiality if she discovers: 1) you are threatening self-harm or suicide; 2) you are threatening to harm another or homicide; 3) a child has been or is being abused; 4) a vulnerable adult has been or is being abused. Finally, should you wish information from therapy released to someone (e.g. an attorney, a physician, etc.), Asha can do so if you sign a Release of Information form. Diagnoses are used, and will become a part of the client’s file based on the most currently released Diagnostic and Statistical Manual.

Asha follows the Code of Ethics for the following organizations:

- The North Carolina Board of Marriage and Family Therapists,
- The American Association for Marriage & Family Therapists
- The International Coaching Federation

Informed Consent:

You will be asked to sign the last page of this document. Your signature verifies you have read this document and that you consent to treatment. Further, you need to be aware:

- Treatment isn’t always successful and may open unexpected emotionally sensitive areas.
- Appointments may be successfully canceled as late as 24 hours prior to the scheduled time, otherwise you may be charged \$50.00 for the time reserved for you.
- It will be your responsibility to reschedule any missed or canceled appointments.
- If Asha is subpoenaed to court, please note that Healthier Place, PLLC charges \$200.00 per hour, which includes time spent in preparation for court appearance, time in discussing court related issues with attorneys or others involved in the court case, and the time spent from when he leaves the office until he

returns to the office. This fee is NOT covered by insurance. Please be aware that Asha Bethea is Not a Forensic Evaluator and cannot perform Child Custody Evaluations. The fee is to be paid in full within 30 days from the court appearance by the client and/or attorney who has subpoenaed Asha to testify in court.

The North Carolina Board for Marriage & Family Therapists can be contacted at NCBLMFT P.O. Box 98073 Raleigh, NC 27624 919-518-1919.

Please note that while I have fulfilled the credentialing process as a fully licensed therapist, I continue to undergo training and consulting regularly to assist me in continuing to grow professionally. If you have any questions, please feel free to discuss this with me. I do attempt to make time monthly for consultation with other therapists regarding shared cases or other needs that may benefit my therapeutic abilities. During these times all identifying client information is maintained with strict confidentiality around PHI.