

NOTICE OF PRIVACY PRACTICES

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review the information carefully, and ask any questions necessary to clarify the following material.

Following the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), I have a legal responsibility (under the laws of the United States and the state of Georgia), to: keep your health information private, notify you of my privacy practices (this document), and follow the policies outlined in this document.

The policies herein take effect on May 2, 2006, and will remain in effect until I change them, in accordance with the law. If at any time I change these policies, I will also change this document and provide a new copy to you. If at any time you would like a copy of this document, you may request one free of charge. If you have any questions or concerns about any of the material in this document, please ask me for assistance.

I only release information in accordance with state and federal laws and the ethics of the counseling profession, and this document describes my policies related to the use and disclosure of your healthcare information. Regarding use and disclosure of protected health information for the purposes of providing services: Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

Here are examples of how I may now or in the future use or disclose your health information:

1. To provide, manage, or coordinate care with your physician, psychiatrist, or other healthcare provider who is also treating you [with your written permission].
2. To seek appropriate supervision and consultation.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services I provide for you.
5. To anyone you give me written authorization to have your health information, for any reason you want. You may revoke this authorization in writing at any time. When you revoke an authorization, it will only affect your health information from that point on.
6. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, I will give you an opportunity to object. If you object, or are not present, or are incapable of responding, I may use my professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, I will only use or disclose the aspects of your health information that are necessary to respond to the emergency.
7. To follow the laws of the state of Georgia in reporting to designated authorities intentions on the part of clients to commit suicide, homicide, or in incidents of child or elder abuse.

I cannot use or disclose your health information in any ways other than those described above unless you give me written permission.

CLIENT RIGHTS

Your rights include:

1. To request where I contact you, and whether I can leave a message. (This is why the Client Intake Form includes “preferred?” and “OK to leave a message? Yes/no” next to each telephone number you may list.)
2. To release your medical records: With your written authorization, you may request that I release information in your records to others, and you have a right to revoke this authorization (also in writing).

3. To inspect and copy your medical billing records: With limited exceptions, you can make a written request to inspect your health information that I maintain for my use. I do have the right to deny this request. If you request photocopies of this information, I will charge you \$.10 per page for making the photocopies.
4. To make a written request that I place other restrictions on the ways that I use or disclose your health information. I may deny any or all of your requested restrictions. If I agree to the restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
5. To make a written request that I amend the information in #3. If I approve your written amendment, I will change my records accordingly. I will also notify anyone else who may have received this information, and anyone else of your choosing. If I deny your amendment, you can place a written statement in my records disagreeing with my denial of your request.
6. To make a written request that I provide you with a list of those occasions where I disclosed your health information for purposes other than treatment, payment, coordination of care, or supervision/consultation. This can go back as far as six years, but not before May 2, 2006. If you request this accounting more than once in a 12 month period, I may charge you a fee based on actual costs of tabulating these disclosures.
7. To complain if you believe that I have violated any of your privacy rights, or if you disagree with a decision I have made about any of your rights in this notice. You may register your complaint with me directly. If you are not satisfied with my response, you have the right to complain, without retaliation, to the U.S. Department of Health and Human Services. I can provide you with this address upon request.

MY PROCEDURES TO PROTECT CLIENT PRIVACY

1. All client information, when not in use, is stored under lock and key, and the office in which client information is kept has a lock on the door and is locked at all times when not in use.
2. All telephones over which client information may be referenced are behind closed doors.
3. When client records are in use, their contents are protected from unauthorized viewers.
4. My voice mailbox is password protected from unauthorized listeners at all times.
5. The fax machine over which any clients may be referenced is protected from unauthorized viewers at all times, and all out-going faxes referencing clients have a cover sheet with a confidentiality statement directed to unauthorized viewers.
6. All client information in any form conforms to security procedures when that information is off site. When transporting any client information, it is stored in a secure, locked container that has information inside warning unauthorized viewers of the confidential nature of the material and instructions for its return.
7. All paper documents containing any client information are immediately shredded after they are no longer needed.
8. No client information is transmitted by e-mail.
9. Any verbal conversation pertaining to a client will be conducted in such a manner that no unauthorized listeners gain access to that conversation.