



HIPAA Notice of Privacy Practices

I. 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.

II. It is my legal duty to safeguard your protected health information (PHI).

By law, I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of healthcare services to you, or the payment for such health care. I am required to provide you with this notice about my privacy procedures. This notice must explain when, why, and how I would use or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third-party outside of my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy policy as described in this notice.

Please note that I reserve the right to change the terms of this notice in my privacy policies at any time. Any changes will apply to the PHI already on file with me. Before I make an important change to my policies, I will immediately change this notice and post a new copy of it in my office. You may also request a copy of this notice from me or you can view a copy of it in my office or on my webpage.

III. How I will use and disclosure of PHI.

I will use and disclose your PHI, for many different reasons. Some of these uses or disclosures will require your prior written authorization; however, others will not. Below, you will find the different categories of my uses and disclosures with examples.

A. Uses and disclosures related to treatment, payment, or healthcare operations do not require your prior written consent.

I may use in disclose your PHI, without your consent, for the following reasons:

1. **For Treatment-** I may disclose your PHI, to physicians, psychiatrist, psychologist and other licensed healthcare providers who provide you with healthcare services, or are otherwise involved in your care.
Example: if a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

2. **For Healthcare Operations-** I may disclose your PHI to facilitate the efficient and correct operation of my practice. *Examples: quality control – I might use your PHI in the evaluation of the quality of healthcare services that you have received, or to evaluate the performance of the healthcare professionals who provided you with the services. I may also provide your PHI, to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.*
3. **To Obtain Payment for Treatment-** I may use and disclose your PHI to bill and collect payment for the treatment and services provided. *Examples: I might send your PHI to your insurance company of health plan in order to get payment for the healthcare services provided . I can also provide your PHI to business associates, such as billing companies, claims processing companies that process healthcare claims for my office.*
4. **Other Disclosures-** *Examples: your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I tried to get your consent, but you are unable to communicate (if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.*

B. Certain other uses and disclosures do not require your consent.

When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.

Example: I may make a disclosure to the appropriate officials when a law requires me to report information to the government agencies, law-enforcement personnel, and or in an administrative proceeding.

1. If disclosure is compelled by a party to a proceeding before a court of an administrative agency, pursuant to its lawful authority.
2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
3. If disclosure is compelled by the patient or the patient representative pursuant to Georgia, health and safety code or two corresponding federal statutes of regulations, such as the privacy rule, that requires this notice.
4. To avoid harm. I may provide PHI, to law-enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
5. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition, as to be dangerous to yourself, or the person or property of others, and if I determine that disclosure is necessary to prevent the threaten danger.
6. If disclosure is mandated by the Georgia child abuse and neglect reporting law. Example: if I have a reasonable suspicion of child abuse or neglect.
7. If disclosure is mandated by the Texas elder/dependent adult abuse reporting law. Example: if I have reasonable suspicion of elder abuse, or dependent adult abuse.
8. If disclosure is compelled or permitted by the fact that she will tell me of a serious/eminent threat of physical violence by you against a reasonable, identify a victim or victims.
9. For public health activities. Example: in the event of your death, if a disclosure is permitted or compel, I may need to give the county coroner information about you.
10. For health oversight activities. Example I may be required to provide information to assess the government in a course of an investigative or inspection of a healthcare organization or provider.
11. For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain consensus. Also, I may disclose PHI in the interest of national security, such as predicting that you President of the United States, or assisting with intelligence operations.
12. For research purposes and in certain circumstances, I may provide PHI to conduct medical research.
13. For workers compensation purposes. I may provide PHI in order to comply with Worker's Compensation laws.

14. Appointment reminders and health related, benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options or other healthcare services or benefits I offer.
15. If an arbitrator or arbitration panel compels disclosure. When arbitration is lawfully requested by either party, pursuant to a subpoena, duces, tectum, a subpoena for mental health records, or any other provision authorizing disclosure, I proceed before an arbitrator or arbitration panel.
16. I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or health related benefits and services that may be of interest to you.
17. If disclosure is required or permitted to a Health oversight agency for oversight, activities, authorized by law. Example: when compelled by the US secretary of health and human services to investigate, or assess my compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

C. Certain uses and disclosures require you to have the opportunity to object.

1. **Disclosures to family, friends, or others:** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care, or responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in an emergency situation.

D. Other uses and disclosures require your prior written authorization.

In any other situation, not described in sections, 111A, 111B and 111C above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization in writing, to stop any future uses and disclosures (assuming that I have not taken any action subsequent to the original authorization of your PHI).

IV. What rights do you have regarding your PHI?

A. The right to see, and get copies of your PHI:

In general, you have the right to see or get copies of your PHI, that is in my possession; however, you must request it in writing. If I do not have your PHI, but I know who does, I will advise you on how to get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request. If I do, I will give you the reasons for denial in writing. I will also explain your right to have my denial reviewed.

If you ask for copies of your PHI, I will charge you a maximum of \$5 per page. I may see fit to provide you with a summary of explanation of the PHI, but only if you agree to it and the cost in advance.

B. The right to request limit on uses and disclosures of your PHI:

You have the right to ask that I limit how are use and disclosure of PHI. While I will consider your request, I am not legally bound to agree. If I do not agree to your request, I will put those limits in writing and abide by them, except in emergency situations. You do not have the right to limit the uses of disclosures that I am legally required or permitted to make.

C. The right to choose how I send your PHI to you:

It is your right to ask that your PHI be sent to you at an alternative address (I.E stop sending information to your work address rather than your home address) or buy an alternative method (I got E via email instead of a postal mail service). I am obligated to agree to your request, providing that I can't give you the PHI, and the format you requested, without undo inconvenience.

D. That right to get a list of the disclosures I have made:

You are entitled to a list of disclosures of your PHI, that I have made. That this will not include uses or disclosures as to what you have already consented: i.e. those for treatment, payment, or healthcare operation sent directly to you or your family. That list will not include disclosures made for national security purposes, to corrections, or Law-enforcement personnel, or disclosures made before May 5, 2023. After May 5, 2023, disclosure records will be held for seven years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the previous seven years (the first year beginning in 2023, unless you indicate a shorter period. The list will include the dates of the disclosure, to whom the PHI was disclosed(including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide you with the list to you at no cost, unless you make more than one request in the same year in which I will charge you a reasonable, some based on the set fee for the additional requests.

E. The right to amend your PHI:

If you believe that there is an error in your PHI or that essential information has been omitted, it is your right to request that I correct the existing information or the missing information. Your request, and the reason for the request must be made in writing. You will receive a response in writing 60 days after my receipt of your request. I may not honor your request if I find out the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask at your request for any future disclosures of your PHI. If I approve your request, I will make the change to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the changes to your PHI.

F. The right to get this notice by email.

You have the right to get this notice by email. You have the right to request a paper copy of it as well. Additionally, you may download the privacy protection notice from my website.

V. How to complain about my privacy practices.

If, in your opinion, I may have violated your privacy rights, or if you object to a decision that I made about access to your PHI, you may file a complaint with a person listed in section VI. You may also send a written complaint to the address listed below. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. Person to contact for information about this notice or to complain about my privacy practices.

If you have any questions regarding your privacy rights, please contact your clinician. If you believe your privacy rights have been violated, you may file a complaint by contacting our office, or with the Secretary of the Department of Health and Human Services. The address for the Secretary of the Office of Civil Rights is:

Office of Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center
Suite 3870
61 Forsyth St. S. W.
Atlanta, GA. 30303-8909
(404) 562-7886 (Phone)
(404) 562-7881 (Fax)
(404) 331-2867 (TDD)
www.hhs.gov/ocr/hippa

VII. Effective date of this notice.

This notice went into effect on May 5, 2023.

Limits of confidentiality

Information discussed in the therapy setting is confidential, and will not be shared without written permission, except under the following conditions:

1. The client threatens suicide.
2. The client threatens harm to another person, including murder, assault, and or physical harm.
3. The client is a minor (under 18) and reports suspected child abuse, including, but not limited to, physical, beatings, and sexual abuse.
4. The client reports abuse of the elderly.
5. The client reports sexual exploitation by a therapist.

State law mandates that mental health professionals report these situations to the appropriate person and or agencies.

Communication between the clinician and client will otherwise be deemed confidential as stated under state law.