

NOTICE OF PRIVACY PRACTICES

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A INTRODUCTION-TO MY CLIENTS

THIS NOTICE WILL TELL YOU ABOUT HOW I HANDLE INFORMATION ABOUT YOU. IT TELLS HOW I USE THIS INFORMATION HERE IN MY OFFICE, HOW I SHARE IT WITH OTHER PROFESSIONALS AND

ORGANIZATIONS, AND HOW YOU CAN SEE IT. I WANT YOU TO KNOW ALL OF THIS SO THAT YOU CAN MAKE THE BEST DECISIONS FOR YOURSELF AND YOUR FAMILY. I AM ALSO REQUIRED TO TELL YOU ABOUT THIS BECAUSE OF THE PRIVACY REGULATIONS OF A FEDERAL LAW, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). BECAUSE THIS LAW AND THE LAWS OF GEORGIA ARE VERY COMPLICATED AND I DON'T WANT TO MAKE YOU READ A LOT THAT MAY NOT APPLY TO YOU, I HAVE SIMPLIFIED SOME PARTS. IF YOU HAVE ANY QUESTIONS OR WANT TO KNOW MORE ABOUT ANYTHING IN THIS NOTICE, PLEASE ASK ME FOR MORE EXPLANATION OR DETAIL. ACCORDING TO THE LAW, I AM REFERRED TO AS THE PRIVACY OFFICER.

B WHAT I MEAN BY YOUR MEDICAL INFORMATION

EACH TIME YOU VISIT ME OR ANY DOCTOR'S OFFICE, HOSPITAL, CLINIC, OR ANY OTHER "HEALTHCARE PROVIDER" INFORMATION IS COLLECTED ABOUT YOU AND YOUR PHYSICAL AND MENTAL HEALTH. IT MAY BE INFORMATION ABOUT YOUR PAST, PRESENT, OR FUTURE HEALTH OR CONDITIONS. IT MAY INCLUDE INFORMATION ABOUT THE TREATMENT OR OTHER SERVICES YOU HAVE RECEIVED FROM OTHERS. IT MAY BE ABOUT PAYMENT FOR HEALTHCARE. THE INFORMATION I COLLECT FROM YOU IS CALLED (IN THE LAW) PHI WHICH STANDS FOR PROTECTED HEALTH INFORMATION. THIS INFORMATION GOES INTO YOUR MEDICAL OR HEALTHCARE RECORD. PHI MAY INCLUDE THESE KINDS OF INFORMATION:

- YOUR HISTORY. AS A CHILD, IN SCHOOL AND AT WORK, AND MARITAL AND PERSONAL HISTORY.
- REASONS YOU CAME FOR TREATMENT. YOUR PROBLEMS, COMPLAINTS, SYMPTOMS, NEEDS, GOALS.
- DIAGNOSES. DIAGNOSES ARE THE MEDICAL TERMS FOR YOUR PROBLEMS OR SYMPTOMS.
- A TREATMENT PLAN. THESE ARE THE TREATMENTS AND OTHER SERVICES WHICH I BELIEVE WILL BEST HELP YOU.
- PROGRESS NOTES. EACH TIME YOU COME IN, I WRITE DOWN SOME THINGS ABOUT HOW YOU ARE DOING, WHAT I OBSERVE ABOUT YOU, AND WHAT YOU TELL ME.
- RECORDS I HAVE RECEIVED FROM OTHERS WHO TREATED AND/OR EVALUATED YOU.
- PSYCHOLOGICAL TEST SCORES, SCHOOL RECORDS, ETC.
- INFORMATION ABOUT MEDICATIONS YOU TOOK OR ARE TAKING.
- LEGAL MATTERS.
- BILLING AND INSURANCE INFORMATION.

THIS LIST IS JUST TO GIVE YOU AN IDEA AND THERE MAY BE OTHER KINDS OF INFORMATION THAT GO INTO YOUR HEALTHCARE RECORDS ALSO.

I USE THIS INFORMATION FOR MANY PURPOSES. FOR EXAMPLE, I MAY USE IT:

- TO PLAN YOUR CARE AND TREATMENT.
- TO DECIDE HOW WELL MY TREATMENTS ARE WORKING FOR YOU.
- WHEN I TALK WITH OTHER HEALTHCARE PROFESSIONS WHO ALSO ARE TREATING YOU SUCH AS YOUR FAMILY DOCTOR OR THE PROFESSIONAL WHO REFERRED YOU TO ME.
- TO SHOW THAT YOU ACTUALLY RECEIVED THE SERVICES FROM ME FOR WHICH YOU PAID.
- FOR TEACHING AND TRAINING OTHER HEALTHCARE PROFESSIONALS.
- FOR MEDICAL OR PSYCHOLOGICAL RESEARCH.
- FOR PUBLIC HEALTH OFFICIALS TRYING TO IMPROVE HEALTH CARE.
- TO IMPROVE THE WAY I DO MY JOB BY MEASURING THE RESULTS OF MY WORK.
- **TO RESPOND TO A SUBPOENA FROM A COURT OF COMPETENT JURISDICTION.**
- **TO NOTIFY APPROPRIATE AUTHORITIES WHEN THERE IS A THREAT OF SUICIDE, HOMICIDE, OR CRIMINAL ACTIVITY.**

WHEN YOU UNDERSTAND WHAT IS IN YOUR RECORD AND WHAT IT IS USED FOR, YOU CAN MAKE BETTER DECISIONS ABOUT WHO, WHEN, AND WHY OTHERS SHOULD HAVE THIS INFORMATION.

BY LAW, YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF ME, YOUR HEALTHCARE PRACTITIONER. HOWEVER, THE INFORMATION BELONGS TO YOU. YOU CAN INSPECT, READ, OR REVIEW IT **UNDER CERTAIN CIRCUMSTANCES WHICH WILL BE EXPLAINED HEREIN**. IF YOU WANT A COPY, I CAN MAKE ONE FOR YOU BUT MAY CHARGE YOU FOR THE COSTS OF COPYING (AND MAILING IF YOU WANT IT MAILED TO YOU). IN SOME VERY UNUSUAL SITUATIONS YOU CANNOT SEE ALL OF WHAT IS IN YOUR RECORDS. IF YOU FIND ANYTHING IN YOUR RECORDS THAT YOU THINK IS INCORRECT OR SOMETHING IMPORTANT IS MISSING, YOU CAN ASK ME TO AMEND (ADD INFORMATION TO) YOUR RECORD. IN RARE SITUATIONS, I DO NOT HAVE TO AGREE TO DO THAT. I CAN EXPLAIN MORE ABOUT THIS IF YOU WISH.

C PRIVACY AND THE LAWS ABOUT PRIVACY

THE HIPAA LAW REQUIRES ME TO KEEP YOUR PHI PRIVATE AND TO GIVE YOU THIS NOTICE OF MY LEGAL DUTIES AND PRIVACY PRACTICES. THIS NOTICE IS CALL THE **NOTICE OF PRIVACY PRACTICES** OR **NPP**. I WILL OBEY THE RULES OF THIS NOTICE AS LONG AS IT IS IN EFFECT. IF I CHANGE IT, THE RULES OF THE NEW NPP WILL THEN APPLY TO ALL PHI I KEEP FROM THAT TIME FORWARD. IF I DO CHANGE MY PRIVACY PRACTICES, I WILL POST THE NEW NOTICE IN MY OFFICE WHERE EVERYONE CAN SEE IT. YOU AND ANYONE ELSE MAY ALSO OBTAIN A COPY BY ASKING ME FOR IT AT ANY TIME.

D HOW YOUR PROTECTED HEALTH INFORMATION CAN BE USED AND SHARED

WHEN YOUR INFORMATION IS READ BY ME, IT IS CALLED (IN THE LAW) “**USE.**” IF THE INFORMATION IS SHARED WITH OR SENT TO OTHERS OUTSIDE THIS OFFICE, IT IS CALLED (IN THE LAW), “**DISCLOSURE.**” EXCEPT IN SOME SPECIAL CIRCUMSTANCES, WHEN I USE YOUR PHI HERE OR DISCLOSE IT TO OTHERS, I ONLY SHARE THE **MINIMUM NECESSARY** PHI NEEDED FOR THE PURPOSE. THE LAW GIVES YOU RIGHTS TO KNOW ABOUT YOUR PHI, HOW IT IS USED AND TO HAVE A SAY IN HOW IT IS DISCLOSES.

I USE AND DISCLOSE PHI FOR SEVERAL REASONS. MAINLY, I WILL USE AND DISCLOSE (OR SHARE) IT FOR ROUTINE PURPOSES AND WILL EXPLAIN MORE ABOUT THIS BELOW. FOR OTHER USES, I MUST TELL YOU ABOUT THEM AND HAVE A WRITTEN AUTHORIZATION FROM YOU UNLESS THE LAW LETS OR REQUIRES ME TO MAKE THE USE OR DISCLOSURE WITHOUT YOUR AUTHORIZATION. HOWEVER, THE LAW ALSO SAYS THAT I AM ALLOWED TO MAKE SOME USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION.

D 1 USES AND DISCLOSURES WITH YOUR CONSENT

AFTER YOU HAVE READ THIS NOTICE YOU WILL BE ASKED TO SIGN A SEPARATE **CONSENT FORM** TO ALLOW ME TO SHARE YOUR PHI. IN ALMOST ALL CASES, I INTEND TO USE YOUR PHI HER OR SHARE YOUR PHI WITH OTHER PEOPLE OR ORGANIZATIONS THAT PROVIDE **TREATMENT** TO YOU, ARRANGE FOR REIMBURSEMENT TO YOU BY A THIRD PARTY FOR **PAYMENTS** YOU HAVE MADE TO ME, OR SOME OTHER BUSINESS FUNCTIONS CALLED HEALTH CARE **OPERATIONS**. TOGETHER THESE ROUTINE PURPOSES ARE CALLED TPO AND THE CONSENT FORM ALLOWS ME TO USE AND DISCLOSE YOUR PHI FOR TPO. RE-READ THIS LAST SENTENCE UNTIL IT IS CLEAR BECAUSE IT IS VERY IMPORTANT.

D 1 A THE BASIC USES AND DISCLOSURES-FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS (TPO)

I NEED INFORMATION ABOUT YOU AND YOUR CONDITION TO PROVIDE CARE FOR YOU. YOU HAVE TO AGREE TO LET ME COLLECT THE INFORMATION AND TO USE IT AND SHARE IT AS NECESSARY TO CARE FOR YOU PROPERLY. THEREFORE YOU MUST SIGN THE CONSENT FORM BEFORE I BEGIN TO TREAT YOU BECAUSE IF YOU DO NOT AGREE AND CONSENT I CANNOT TREAT YOU.

WHEN YOU COME TO SEE ME, I WILL BE THE ONLY PERSON WHO WILL COLLECT INFORMATION ABOUT YOU AND ALL OF IT WILL GO INTO YOUR HEALTHCARE RECORDS. GENERALLY, I MAY USE OR DISCLOSE YOUR PHI FOR THREE PURPOSES: TREATMENT, FOR YOUR REIMBURSEMENT OF FEES YOU PAY ME, AND FOR WHAT ARE CALLED HEALTHCARE OPERATIONS. LET'S SEE WHAT THESE ARE ABOUT.

FOR TREATMENT

I USE YOUR MEDICAL INFORMATION TO PROVIDE YOU WITH PSYCHOLOGICAL TREATMENT OR SERVICES. THESE MIGHT INCLUDE INDIVIDUAL, FAMILY, PLAY, OR GROUP THERAPY, TREATMENT PLANNING, OR MEASURING THE EFFECTS OF MY SERVICES.

I MAY SHARE OR DISCLOSE YOUR PHI TO OTHERS WHO PROVIDE TREATMENT TO YOU. I AM LIKELY TO SHARE YOUR INFORMATION WITH YOUR PERSONAL PHYSICIAN. IF YOU ARE BEING TREATED BY A TEAM, WE CAN SHARE SOME OF YOUR PHI WITH THEM SO THAT THE SERVICES YOU RECEIVE WILL BE COORDINATED. THEY WILL ALSO ENTER THEIR FINDINGS, THE ACTIONS THEY TOOK, AND THEIR PLANS INTO YOUR RECORD AND SO WE CAN DECIDE WHAT TREATMENTS WORK BEST FOR YOU AND MAKE UP A TREATMENT PLAN. I MAY REFER YOU TO OTHER PROFESSIONALS OR CONSULTANTS FOR SERVICES I CANNOT OFFER, SUCH AS TESTING. WHEN I DO THIS, I NEED TELL THEM SOME THINGS ABOUT YOU AND YOUR CONDITIONS. I WILL GET BACK THEIR FINDINGS AND OPINIONS AND THOS WILL GO INTO YOUR RECORDS HERE. IF YOU RECEIVE TREATMENT IN THE FUTURE FROM OTHER PROFESSIONALS, I CAN ALSO SHARE YOUR PHI WITH THEM. THESE ARE SOME EXAMPLES SO THAT YOU CAN SEE HOW WE USE AND DISCLOSE YOUR PHI FOR TREATMENT.

FOR PAYMENT

I MAY USE YOUR INFORMATION TO BILL YOU FOR THE TREATMENT I HAVE PROVIDED TO YOU. YOUR INSURANCE COMPANY MAY CONTACT

ME FOR INFORMATION. I MAY HAVE TO TELL THEM ABOUT YOUR DIAGNOSES, WHAT TREATMENTS YOU HAVE RECEIVED, AND WHAT I EXPECT AS I TREAT YOU. I WILL NEED TO TELL THEM ABOUT WHEN WE MET, YOUR PROGRESS, AND OTHER SIMILAR THINGS.

FOR HEALTHCARE OPERATIONS

THERE ARE SOME OTHER WAYS I MAY USE OR DISCLOSE YOUR PHI WHICH ARE CALLED HEALTHCARE OPERATIONS. FOR EXAMPLE, I MAY USE YOUR PHI TO SEE WHERE I CAN MAKE IMPROVEMENTS IN THE CARE AND SERVICES I PROVIDE. I MAY BE REQUIRED TO SUPPLY SOME INFORMATION TO SOME GOVERNMENT HEALTH AGENCY SO THEY CAN STUDY DISORDERS AND TREATMENT AND MAKE PLANS FOR SERVICES THAT ARE NEEDED. IF WE DO, YOUR NAME AND IDENTITY WILL BE REMOVED FROM WHAT WE SEND.

D 1 B OTHER USES AND DISCLOSURES IN HEALTH CARE

APPOINTMENT REMINDERS. I MAY USE AND DISCLOSE INFORMATION TO RESCHEDULE OR REMIND YOU OF APPOINTMENTS FOR TREATMENT OR OTHER CARE. IF YOU WANT ME TO CALL OR WRITE TO YOU ONLY AT YOUR HOME OR YOUR WORK OR PREFER SOME OTHER WAY TO REACH YOU, I USUALLY CAN ARRANGE THAT.

TREATMENT ALTERNATIVES. I MAY USE OF DISCLOSE PHI TO TELL YOU ABOUT OR RECOMMEND POSSIBLE TREATMENTS OR ALTERNATIVES THAT MAY BE OF INTEREST TO YOU.

OTHER BENEFITS AND SERVICES. I MAY USE AND DISCLOSE YOUR PHI TO TELL YOU ABOUT HEALTH-RELATED BENEFITS OR SERVICES THAT MAY BE OF INTEREST TO YOU.

RESEARCH. I MAY USE OF SHARE YOUR INFORMATION TO DO RESEARCH TO IMPROVE TREATMENTS. FOR EXAMPLE, COMPARING TWO TREATMENTS FOR THE SAME DISORDER TO SEE WHICH WORKS BETTER OR FASTER OR COSTS LESS. IN ALL CASES YOUR NAME, ADDRESS, AND OTHER INFORMATION THAT REVEALS WHO YOU ARE WILL BE REMOVED FROM THE INFORMATION GIVEN TO RESEARCHERS. IF THEY NEED TO KNOW WHO YOU ARE, I WILL DISCUSS THE RESEARCH PROJECT WITH YOU AND YOU WILL HAVE TO SIGN A SPECIAL AUTHORIZATION FORM BEFORE ANY INFORMATION IS SHARED.

BUSINESS ASSOCIATES. I HAVE NO BUSINESS ASSOCIATES AS DEFINED BY THE LAW.

D 2 USES AND DISCLOSURES REQUIRING YOUR AUTHOR-

IZATION

IF I WANT TO USE YOUR INFORMATION FOR ANY PURPOSE BESIDES THE TPO OR THOSE WE DESCRIBED ABOVE, I NEED YOUR PERMISSION ON AN AUTHORIZATION FORM. I DON'T EXPECT TO NEED THIS VERY OFTEN.

IF YOU DO AUTHORIZE ME TO USE OR DISCLOSE YOUR PHI, YOU CAN REVOKE (OR CANCEL) THAT PERMISSION, IN WRITING, AT ANY TIME. AFTER THAT TIME, I WILL NOT USE OR DISCLOSE YOUR INFORMATION FOR THE PURPOSES WE AGREED. OF COURSE, I CANNOT TAKE BACK ANY INFORMATION I HAD ALREADY DISCLOSED WITH YOUR PERMISSION.

D 3 USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT OR AUTHORIZATION

THE LAWS LET ME USE AND DISCLOSE SOME OF YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION IN SOME CASES.

WHEN REQUIRED BY LAW

THERE ARE SOME FEDERAL, STATE, AND LOCAL LAWS WHICH REQUIRE ME TO DISCLOSE PHI.

- I MUST REPORT SUSPECTED CHILD ABUSE
- IF YOU ARE INVOLVED IN A LAWSUIT OR LEGAL PROCEEDING AND I RECEIVE A SUBPOENA, DISCOVERY REQUEST, OR OTHER LAWFUL PROCESS, I MAY HAVE TO RELEASE SOME OR ALL OF YOUR PHI. I ONLY DO THAT AFTER TRYING TO TELL YOU ABOUT THE REQUEST, CONSULTING YOUR LAWYER, OR TRYING TO GET A COURT ORDER TO PROTECT THE INFORMATION THAT THEY HAVE REQUESTED. THIS IS USUALLY REFERRED TO AS YOUR RIGHT TO PRIVILEGED COMMUNICATION.
- I HAVE TO RELEASE (DISCLOSE) INFORMATION TO THE GOVERNMENTAL AGENCIES WHICH CHECK ON ME TO SEE THAT I AM OBEYING THE PRIVACY LAWS.

FOR LAW ENFORCEMENT PURPOSES

I MAY RELEASE MEDICAL INFORMATION IF ASKED TO DO SO BY A LAW ENFORCEMENT OFFICIAL TO INVESTIGATE A CRIME OR CRIMINAL.

FOR PUBLIC HEALTH ACTIVITIES

I MIGHT NEED TO DISCLOSE SOME OF YOUR PHI TO AGENCIES WHICH INVESTIGATE DISEASES OR INJURIES.

FOR SPECIFIC GOVERNMENT FUNCTIONS

I MAY DISCLOSE PHI OF MILITARY PERSONNEL AND VETERANS TO GOVERNMENT BENEFIT PROGRAMS RELATING TO ELIGIBILITY AND ENROLLMENT, TO WORKER'S COMPENSATION PROGRAMS, TO CORRECTIONAL FACILITIES IF YOU ARE AN INMATE, OR FOR NATIONAL SECURITY REASONS.

TO PREVENT A SERIOUS THREAT TO HEALTH OF SAFETY

IF I COME TO BELIEVE THERE IS A SERIOUS THREAT TO YOUR HEALTH OR SAFETY OR THAT OF ANOTHER PERSON OR THE PUBLIC, I CAN DISCLOSE SOME OF YOUR PHI. I WOULD DO THIS ONLY TO PERSONS WHO CAN PREVENT THE DANGER.

D 4 USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

I MAY SHARE SOME INFORMATION ABOUT YOU WITH YOUR FAMILY OR CLOSE OTHERS. I WILL ONLY SHARE INFORMATION WITH THOSE INVOLVED IN YOUR CARE AND ANYONE ELSE YOU CHOOSE SUCH AS CLOSE FRIENDS OR CLERGY. I WILL ASK YOU ABOUT WHO YOU WANT ME TO TELL WHAT INFORMATION ABOUT YOUR TREATMENT OR CONDITION. YOU CAN TELL ME WHAT YOU WANT AND I WILL HONOR YOUR WISHES AS LONG AS IT IS NOT AGAINST THE LAW.

IF IT IS AN EMERGENCY AND I CANNOT ASK IF YOU DISAGREE, I MAY SHARE INFORMATION IF I BELIEVE THAT IT IS WHAT YOU WOULD HAVE WANTED AND IF I BELIEVE IT WILL HELP YOU IF I DO SHARE IT. IF I DO SHARE INFORMATION, IN AN EMERGENCY, I WILL TELL YOU AS SOON AS I CAN. IF YOU DO NOT APPROVE, I WILL STOP, AS LONG AS IT IS NOT AGAINST THE LAW.

D 5 AN ACCOUNTING OF DISCLOSURES I HAVE MADE

WHEN I DISCLOSE YOUR PHI I KEEP RECORDS OF WHOM I SENT IT TO, WHEN I SENT IT, AND WHAT I SENT. YOU CAN GET AN ACCOUNTING OF THESE DISCLOSES BY ASKING ME FOR THE FORM TO COMPLETE REQUESTING SUCH AN ACCOUNTING.

E IF YOU HAVE PROBLEMS OR QUESTIONS

IF YOU NEED MORE INFORMATION OR HAVE QUESTIONS ABOUT THE PRIVACY PRACTICES DESCRIBED ABOVE, PLEASE SPEAK TO ME. I AM

THE PRIVACY OFFICER OF MY PRACTICE (AS DEFINED BY THE LAW). IF YOU HAVE A PROBLEM OR CONCERN ABOUT HOW I HAVE HANDLED YOUR PHI OR I YOU BELIEVE THAT YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, I WANT TO DISCUSS IT WITH YOU. YOU ALSO HAVE LEGAL RIGHTS UNDER THE LAW AND MAY CHOOSE TO FILE A FORMAL COMPLAINT WITH ME AND WITH THE SECRETARY OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES. I PROMISE THAT I WILL NOT IN ANY WAY LIMIT YOUR CARE OR TAKE ANY ACTIONS AGAINST YOU IF YOU COMPLAIN.