

HIPAA Notice of Privacy Practices

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Family Counseling Service of Athens, Inc.
1435 Oglethorpe Avenue
Athens, Georgia 30606
(706) 549-7755

NOTICE TO OUR CLIENTS REGARDING NEW PRIVACY PRACTICES

As you are probably aware, federal law requires that you be notified of your rights regarding protection of information you share with us during treatment. The information on this form summarizes those rights as defined in federal law.

Signing this form only indicates you have been made aware of these rights. It does not authorize us to release any information regarding your services here. It is our policy to only release information after you have signed our consent form. The only exception to this is situations that are mandated by state or federal law; i.e. threat to self or others including child abuse or neglect as stated in our consent to services form which is also included for your signature.

In other words our protection policy is stricter than the federal guidelines. If you have any questions please discuss them with your therapist.

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your therapist, clinical nurse specialist, psychiatrist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the therapist's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a therapist, clinical nurse specialist, or psychiatrist to whom you have been referred to ensure that these individuals or organizations have the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in the course of normal business operations. These activities include, but are not limited to, case review, quality assessment activities, supervision of health care workers in training, licensing, and conducting or arranging for other business office activities. For example, we may disclose your protected health information to student interns that see clients at our office. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Sharing Your Information: There are situations when we are permitted, and in some instances, required to disclose information without your authorization. These situations are: when a state or federal law mandates that certain health information be reported for a specific purpose: for public health purposes, such as contagious disease reporting, investigation or surveillance; for notices to and from the Federal Food and Drug Administration regarding drugs or medical devices; to protect victims of abuse, neglect, or domestic violence; for health oversight activities, if any, required of us such as complaint investigations, licensing, audits, and inspections; for lawsuits, legal proceedings, and when otherwise required by law; when requested by law enforcement as required by law or court order; to report criminal activity; to report to coroners, medical examiners, and funeral directors; for inmates for organ and tissue donations; for research approved by our review process under strict federal guidelines; to reduce or prevent a serious threat to public health and safety; for workers' compensation or other similar programs if you are injured at work; for specialized government functions such as military activity, intelligence, and national security; for incidental disclosures that are an unavoidable by-product of providing treatment, obtaining payment or office operations. For example, front office staff responsible for records maintenance and billing.

Finally, under the law, we must make disclosures to you and, if required, by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Private Practices Law.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. Under federal law, however, you may not inspect or copy the information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to law that prohibits access to protected health information, and in some instances psychotherapy notes taken by your therapist.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

However, your therapist, clinical nurse specialist, or psychiatrist is not required to agree to a restriction that you may request if the therapist, clinical nurse specialist or psychiatrist believes it is in your best interest to permit use and disclosure of your protected health information. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your therapist, clinical nurse specialist or psychiatrist amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer, Grace Edmonds, in person or by phone at 706-549-7755.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date _____