

HIPAA GEORGIA NOTICE FORM

NOTICE OF PSYCHOLOGIST'S POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your health care provider at this office may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when your health care provider provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your health care provider consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when your health care provider obtains reimbursement for your healthcare. Examples of payment are when your health care provider discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within your health care provider’s practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of your health care provider’s practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Your health care provider may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your health care provider is asked for information for purposes outside of treatment, payment or health care operations, your health care provider will obtain an authorization from you before releasing this information.

You may revoke any authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your health care provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Your health care provider may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse*– If your health care provider has reasonable cause to believe that a child has been abused, your health care provider must report that belief to the appropriate authority.
- *Adult and Domestic Abuse*– If your health care provider has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, your health care provider must report that belief to the appropriate authority.
- *Health Oversight*– If your health care provider is the subject of an inquiry by the Georgia Board of Psychological Examiners, your health care provider may be required to disclose protected health information regarding you in proceedings before the Board.

- *Judicial and Administrative Proceedings*–If you are involved in a court proceeding and a request is made about the professional services your health care provider provided you or the records thereof, such information is privileged under state law, and your health care provider will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety*– If your health care provider determines, or pursuant to the standards of your health care provider's profession should determine, that you present a serious danger of violence to yourself or another, your health care provider may disclose information in order to provide protection against such danger for you or the intended victim.

Worker's Compensation– Your health care provider may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Psychologists Duties

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, your health care provider is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing your health care provider. On your request, your health care provider will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your health care provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your health care provider may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your health care provider will discuss with you the details of the request and denial process.
- *Right to Amend*– You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your health care provider may deny your request. On your request, your health care provider will discuss with you the details of the amendment process.
- *Right to an Accounting*– You generally have the right to receive an accounting of disclosures of PHI. On your request, your health care provider will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from this office upon request, even if you have agreed to receive the notice electronically.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision this office makes about access to your records, or have other concerns about your privacy rights, you may contact your provider at this office at 770-457-5577.

If you believe that your privacy rights have been violated and wish to file a complaint with this office, you may send your written complaint to your specific health care provider, care of Atlanta Psychological Services at 2308 Perimeter Park Drive, Suite 100, Atlanta, GA, 30341.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. This office will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice is effective April 14, 2003. This office reserves the right to change the terms of this notice, make restrictions or limitations, and to make the new notice provisions effective for all PHI that I maintain. A Written copy will be provided upon written request.