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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

I may use* or disclose** your protected health information (PHI)*** for treatment, payment, and health care operations**** purposes with your consent. The following information clarifies these terms:

- * Use applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ** Disclosure applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- *** Protected health information (PHI) refers to information in your health record that could identify you.
- **** Treatment, Payment and Health Care Operations refers to the following:
 - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose 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.

II. Uses and Disclosures Requiring Authorization

I 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are notes I may make about our conversation during a private, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization if I have relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage, and the insurer contests the claim.

III. Uses and Disclosures with Neither Consent nor Authorization

Although it is highly unusual, there are some situations where I am required by law to disclose information (or take actions) without either your consent or Authorization:

1. **Child Abuse** – If I have reasonable cause to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Family and Children’s Services. Once such a report is filed, I may be required to provide additional information.

2. **Adult and Domestic Abuse** – If I have reasonable cause to believe that a disabled adult or elderly 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, I must report that belief to an agency designated by the Department of Family and Children’s Services. Once such a report is filed, I may be required to provide additional information.

3. **Health Oversight Activities** – If a government agency is requesting the information for security clearance and/or health oversight activities, I may be required to provide information for them. However, I will make a sincere attempt to contact you and review this information before releasing it. If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I may be required to disclose protected health information regarding you in proceedings before the Board.

4. **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot and will not provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, it is best to share that information with me as well as to consult with your attorney to determine whether a court would be likely to order me to disclose information. If you were to file a complaint or lawsuit against me, I would have the right to disclose relevant information regarding you in order to defend myself.

5. **Serious Threat to Health or Safety** – If you threaten to harm yourself, we will explore all your options. However, by law, I may be obligated to seek emergency hospitalization for you or to contact family members or others who can help provide protection for your well being. If you threaten to harm another person, we will fully discuss the situation to seek an acceptable resolution. However, I may be required by law to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for you. If such a situation arises, I will limit my disclosure to only what is necessary.

6. **Worker’s Compensation** – I currently don’t treat persons under worker’s compensation. However, were I to, I might 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 Psychologist’s Duties

Patient’s Rights:

1. **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I’m not required to agree to a restriction you request.

2. **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 me. On your request, I will send your bills to another address.)

3. **Right to Inspect and Copy** – You have the right to inspect and/or obtain a copy of your PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.

On your request, I will discuss with you the details of the request and denial process.

4. Right to Amend – You have the right to request an amendment of your PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

5. Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

6. Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

1. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

2. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

3. If I revise my policies and procedures, I will provide you with a revised notice at your next therapy session.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact Dr. Sandra Hutton in our office at 770-952-3308. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Hutton can provide you with the appropriate address upon request.

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

This notice is effective as of April 16, 2003.