



748 Holcomb Bridge Road
Norcross, Georgia 30071
(770) 492-0005 (Office)

**HAMLIN PSYCHOLOGICAL SERVICES, P.C.
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH
INFORMATION**

This notice describes how psychological information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Hamlin Psychological Services, P.C. is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing services to you. Such information may include documenting your symptoms, mental health history, evaluation results, diagnoses, and treatment. It also includes billing documents for those services. We will only disclose the minimum information necessary.

Example of use for treatment purposes:

- During the course of treatment, we determine that a consult with a specialist is needed. Information will be shared with the specialist to obtain his/her input.

Example of use for payment purposes:

- We submit payment to your health insurance company or information is requested by them regarding treatment provided.

Example of use for health care operations:

- Services provided to Hamlin Psychological Services, P.C. i.e. quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

***Although Federal Law states that Hamlin Psychological Services, P.C. does not need your written authorization to use or disclose your PHI for treatment, payment, or health care operations, the professional code of ethics states that we do, and you will therefore be asked for your written authorization even though it is not legally necessary.

Uses and Disclosures Requiring Authorization:

- We 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 we are asked for

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

- We will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes that some therapists make about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of the 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.

Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** - We are required to report PHI to the appropriate authorities when there are reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- **Adult and Domestic Abuse** - If we have the responsibility for the care of an incapacitated or vulnerable adult, we are required to disclose PHI when there is a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
- **Health Oversight Activities** - If the Georgia Board of Psychological Examiners is conducting an investigation, then we are required to disclose PHI upon receipt of a subpoena from the Board.
- **Judicial and Administrative Proceedings** - If you are involved in a court proceeding and a request is made for information about the professional services provided you and/or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative 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 you communicate an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and it is believed you have the intent and ability to carry out such a threat, we have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If it is believed there is an imminent risk that you will inflict serious harm on yourself, information will be disclosed in order to protect you.
- **Worker's Compensation** - We may disclose PHI 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.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of Hamlin Psychological Services, P.C. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses of your health information by delivering that request in writing to our office, however, we are not required to agree to a restriction you request.
- Obtain a paper copy of this notice by making a request to our office.
- Request that you be allowed to inspect and copy your treatment and billing record. To inspect your PHI, you will need to make and pay for an appointment during which your therapist is present. If you wish a copy of your PHI, if appropriate, this will be provided for you at no charge while you are in treatment. After treatment, copies of PHI are provided for the cost of \$25.00 plus 10 cents per page, paid in advance of receiving the copy.
- Appeal a denial of access to your protected health information
- Request that your record be amended to correct incomplete or incorrect information request must be made in writing. Your request must include a reason to support change. We are not required to make such amendments.
- File a statement of disagreement if your amendment is denied.
- Obtain an accounting of disclosures of your mental health information as required to be maintained by law.
- Revoke authorization that you made previously to use or disclose information except to the extent that the information is for action that has already been taken.

PSYCHOLOGIST'S DUTIES

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you by mail.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, you may contact **Jennifer Hamlin, Psy.D.** in writing during normal business hours at (770) 492-0005. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., S.W.; Washington, D.C. 20201.

Effective date of HIPAA notice: March 23, 2003