Bilingual Counseling Atlanta, Inc.

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4/14/2003

Notice of Counselors' Policies and Practices to Protect the Privacy of Your Health Information

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

We are required by law to provide you with this notice that explains our privacy practices with regard to your psychological and medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information, and we also describe them in this notice.

I. Ways in Which We May Use and Disclose Your Protected Health Information

The following paragraphs describe different ways that we may use and disclose your ***Protected Health Information (PHI),*** which refers to information in your health record that could identify you. We have provided an example for each category, but these examples are not meant to be exhaustive. We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. We assure you that all of the ways we are permitted to use and disclose your mental health or psychological information fall within one of these categories.

Treatment: We will use and disclose your PHI when we provide, coordinate, or manage your mental health care and other services related to your mental health care. An example of treatment would be consulting another health care provider, such as your family physician, psychiatrist, psychologist, or another mental health provider.

Payment: We will use and disclose your PHI when we obtain reimbursement for the health care or counseling services we provide to you. For example, we may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. This may include your health insurer or carrier to obtain reimbursement or to determine eligibility or coverage. We may use your PHI to bill you directly for psychological services provided or to bill a family member, a government entity, or another agency or individual that may be responsible for such costs. We may include information with a bill to a third-party payer that identifies you, your diagnosis, and the procedure codes used.

Health Care Operations: We will use and disclose your PHI to support the business activities that relate to the performance and operation of my practice. For example, for quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination. "Use" applies only to activities within my office/ practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "Disclosure" applies to activities outside of my office/ practice, such as releasing, transferring, or providing access to information about you to other parties.

II- 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 we have made about our conversation during a private, group, joint, or family counseling session, which we 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 to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization on the following circumstances:

Child Abuse: If we have reasonable cause to believe that a child has been abused, we must report that belief to the appropriate authority.

Adult and Domestic Abuse: If we have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adults or elder person, other than by accidental means, or has been neglected or exploited, we must report that belief to the appropriate authority.

Health Oversight Activities: If we are the subject of an inquiry by the Georgia Board of Psychological Examiners, we 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 we provided you or the records thereof, such information is privileged under state law, and we 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 we determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.

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

As Required by Law: We will use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

Research: We will use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

IV. Patients' Rights and Counselor's Duties

A) Patients' Rights to:

Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information. For example, you may request that we do not disclose information about a prior treatment to a family member who may be involved in your care or payment for care. Your request must be made in writing to the practice administration. Your request must describe in clear and concise fashion: (a) the information you wish restricted; whether you are requesting to limit my practice use, disclosure, or both; and (c) to whom you want the limits to apply. However, we are not required to agree to a restriction you request if we feel it is in your best interest to use or disclose that information. For example, if the information is needed for emergency treatment.

Request Confidential Communications: 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, we will send your bills to another address). You may request that we call you only at your work number, or your cell number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

***Right* to *Inspect and* Copy**: You have the right to inspect or obtain a copy (or both) of 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. The designated record set includes your billing records and any other records we may use for making decisions about you. Any psychotherapy notes will be maintained separately from the designated record set. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

Right to Request Amendment: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. You must make this request in writing to the treating psychologist or mental health provider, stating exactly what information you want amended and the reasoning that supports your request. On your request, we will discuss with you the details of the amendment process. We are permitted to deny your request if the request is not in writing, does not include a reason to support the request, if the requested information was no created by me, the information is not part of the record that you are permitted to inspect and copy, the information is not part of the designated record set kept by my practice or if in my opinion the information is accurate and complete.

Right to an Accounting of Disclosures: You generally have the right to request or receive an accounting of disclosures of PHI that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation), nor for a period of time greater than seven years (our legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred. On your request, we will provide additional details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. You may obtain a copy by asking the receptionist at your next visit or by calling and asking me to mail you a copy.

B) Counselors' Duties:

We are 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.

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 my policies and procedures, we will provide you with a revised notice by mail.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, or to file a complaint, you may contact the practice administrator. To file a complaint with the administrator, you must make it in writing within 180 days of the suspected violation and provide as much detail as you can about the suspected violation.

You may send your complaint to Attn: HIPAA Privacy Officer, 5855 Jimmy Carter Blvd., Suite 200, Norcross, GA 30071.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

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

We reserve the right to change, revise or amend the terms of this notice and to make the new notice provisions effective for all PHI that I have created or maintained in the past, and for any records that I may create or maintain in the future. My practice will post a copy of my current notice in the office in a visible location at all times, and you may request a copy of my most current notice at any time.

VII. Breach of Confidentiality

We are required by law to protect confidential information. These are some of the requirements that we will need to follow strictly: Accessing confidential information, in any form, without a "need to know" to perform assigned duties. Assisting an unauthorized user to gain access to a secure information system. Leaving confidential information unattended in a non-secure area. Falsifying information. Disclosing confidential information without proper authorization. Discussing confidential information in the presence of individuals who do not have the "need to know" to perform assigned duties. Improper disposal of confidential information. Disclosing that a patient is receiving care (except for authorized directory purposes). Individuals who breach confidentiality are subject to corrective action up to and including termination of employment. In addition, civil and criminal penalties can be assessed under HIPPA for PHI violations.

If you have any questions regarding this notice, please contact my office in writing to:

Attn: HIPAA Privacy Officer
5855 Jimmy Carter Blvd., Suite 200
Norcross, GA 30071

Effective Date: 4-14-2003