



Notice of 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

The Clinic 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 the Clinic provides, coordinates or manages your health care and other services related to your health care. One example of treatment would be when a therapist or supervisor consults with another health care provider, such as your family physician.
 - *Payment* is when the Clinic obtains reimbursement for your healthcare.
 - *Health Care Operations* are activities that relate to the performance and operation of the Clinic. 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 the Clinic office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the Clinic office such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

The Clinic 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 the Clinic is asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. 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 the Clinic has relied on that authorization.

III. Uses and Disclosures with Neither Consent nor Authorization

I/The Clinic may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If a Clinic representative has reasonable cause to believe that a child has been abused, a clinical representative of the Clinic must report that belief to the appropriate authority.
- *Adult and Domestic Abuse* - If a Clinic representative 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, a clinical representative of the Clinic must report that belief to the appropriate authority.
- *Health Oversight Activities* - If the Clinic is the subject of an inquiry by the Georgia Board of Psychological Examiners, a clinical representative of the Clinic 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 the Clinic provided you or the records thereof, such information is privileged under state law, and I 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 a clinical representative of the Clinic determines, or pursuant to the standards of the profession of psychology should determine, that you present a serious danger of violence to yourself or another, information may be disclosed in order to provide protection against such danger for you or the intended victim.
- *Worker's Compensation* – The Clinic 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 the Clinic'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, the Clinic is 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.
3. *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in Clinic mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your access to PHI may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, a clinical representative of the Clinic 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 PHI for as long as the PHI is maintained in the record. The Clinic may deny your request. On your request, a clinical representative of the Clinic 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, a clinical representative of the Clinic 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 this notice from me upon request.

Psychology Clinic's Duties:

- The Clinic is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- The Clinic reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, the Clinic is required to abide by the terms currently in effect.
- If the Clinic revises its policies and procedures with regard to PHI, a clinical representative of the Clinic will provide you with notification during a 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 Amy Luna, Ph.D., P.O. Box 8041-01 Georgia Southern University, Statesboro, Georgia 30460. (912) 478-1685.

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

This notice will go into effect on August 1, 2006. The Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. If such a change occurs while you are a client of the Clinic, you will be notified of any changes during a session.