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COMPLETELY **P**SYCHED

It is time to step outside of your box.

Notice of Completely Psyched, LLC, Policies and Practices to Protect the Privacy of Your Health Information

The Health Insurance Portability and Accountability Act (HIPAA)

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.

CONFIDENTIALITY: With the exception of certain specific life threatening situations, you have the absolute right to confidentiality of your therapy. As your therapist, I cannot and will not share your personal information with anyone else, or even that you are in therapy without your prior written permission. However, I may receive occasional consultation from another therapist and may discuss your case with care to conceal any information that could possibly identify you. Under the provisions of federal regulations, I cannot legally speak to another health care provider or a member of your family about you without your prior consent. You are also protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever information about you is transmitted electronically (for example, information sent via email or fax), it will be done with special safeguards to ensure confidentiality.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by Congress to help protect health coverage for workers and their families. It also addresses electronic transaction standards and the need to ensure the security and privacy of health data. I am required by law to maintain the privacy of protected health information, and must inform you of my privacy practices and legal duties. The security and privacy of your protected health information is the subject of this Privacy Notice.

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

We 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** is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist. Another example would be when we release your treatment plan to your insurance company and or to your primary care physician.
- **Payment** is when we obtain reimbursement for your healthcare. Examples of payment are when we 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.
- **Use** applies only to activities within our (office, clinic, practice group, etc.) such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of our (office, clinic, practice group, etc.) 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 ask 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 Therapy Notes. "**Therapy Notes**" are notes created in response to your conversations during private, group, joint, or family counseling sessions. Notes will be 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 Therapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that we rely on such authorization or 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 that does not require Consent nor Authorization - We may use or disclose PHI without your consent or authorization in 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 elderly person has had a physical injury or injuries inflicted upon them other than by accidental means, neglect, or exploitation, 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 to 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 worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Client's Rights, Therapist's Duties and Client Responsibilities

Client's Rights

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are 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 therapists. On your request, we 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 mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. 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. Your therapist may also deny access to your Therapy Notes.
- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request.
- **Right to an Accounting** - You generally have the right to receive an accounting of disclosures of PHI.

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

This notice will go into effect on January 1, 2013. Counseling Psyched, LLC, reserves the right to change the terms of this notice and to make the new notice provisions effective the all PHI that we maintain. We will provide you with a revised notice by email, mail or during your next session.



ACKNOWLEDGMENT OF RECEIVING HIPAA AGREEMENT

I consent for Counseling Psyched, LLC, to disclose my Protected Health Information as required by my insurance company. If my insurance company requires coordination of care with my Primary Care Provider, I consent for Counseling Psyched, LLC, to disclose my protected health information to my Primary Care Provider.

Your signature below indicates that you have read and understand the information provided in "The Notice of Completely Psyched, LLC, Policies and Practices to Protect the Privacy of Your Health Information: The Health Insurance Portability and Accountability Act (HIPAA)" statement.

Printed Name of Client

Witness

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