

# HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 04-14-03

Creative Family Counseling, LLC, 4330 South Lee St, Suite 600-A, Buford, GA 30518

This **Notice of Privacy Practices** describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully and discuss any questions or concerns with your therapist.

We are required by federal and state law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). We must abide by the terms of this Notice, and we must notify you if a breach of your unsecured PHI occurs. We can change the terms of this Notice at any time and any such changes will apply to all information we have about you. The new Notice of Privacy Practices will be available to you at your next appointment or you may request a copy of the most current Notice at any time. Except for the specific purposes set forth below, we will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

## USE AND DISCLOSURE OF PHI FOR PURPOSE OF PROVIDING SERVICES

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your PHI without your Authorization for the following reasons:

**For your Treatment.** we can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, we may disclose your PHI to him or her to help coordinate your care. Except in emergency, it is our practice to ask for your written authorization prior to any such consultation.

**To obtain Payment.** We can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, we might use and disclose your PHI to your insurance company to verify your insurance benefits and coverage, process claims and collect fees. At the beginning of treatment, we will ask for your authorization to do so.

**For Health Care Operations.** We can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, we may need to disclose your PHI to office personnel, accountants or attorneys to obtain advice about complying with applicable practices and laws.

**Required by Law.** When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, including responding to a court or administrative order, or a search warrant, although my preference is to obtain an Authorization from you before doing so.

For law enforcement purposes, including reporting crimes occurring on my premises.

To coroners, medical examiners, and funeral directors when such individuals are performing duties authorized by law.

For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

For Appointment reminders. We may use and disclose your PHI to contact you to remind you that you have an appointment with us or give you information about alternative or other health-related benefits and services you may need or may be of interest to you.

DATE OF LAST REVISION: 10-08-2018

Communications with family, friends or others. We may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one) or to a friend or family member who is your personal representative.

Minors. If you are a minor (under 18 years of age) we may have to release certain types of information to your parents or guardian in accordance with applicable law.

If Disclosure if otherwise specifically required by the law.

## **CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing PHI. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. You understand that we are unable to take back any disclosures that have already been made with your permission. We will also continue to comply with laws that require certain disclosures. We are also required by law to retain certain records of the care that has been provided to you.

## **YOUR RIGHTS REGARDING YOUR PHI**

**The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care. You do not have the right to limit the uses or disclosures that we are legally required or permitted to make.

**The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

**The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, your home phone rather than office phone) or to send mail to a different address, and we will agree to all reasonable requests.

**The Right to See and Get Copies of Your PHI.** In general, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. However, you must request it in writing. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.

**The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, health care operations, or for which you have provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.

**The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

**The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

## **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think we may have violated your privacy rights, you may file a complaint with Rebecca Muyres, LPC, the Privacy Officer for our practice at the address and telephone number listed at the beginning of this document. You can also file a

complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you if you file a complaint about our privacy practices.