Explaining HIPAA: GEORGIA NOTICE FORM

Notice of Triumph Center’s 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**

I may use or disclose your protected health information (PHI or Clinical Record), 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 I provide, coordinate or manage your health care and other

services related to your health care. An example of treatment would be when I

consult with another health care provider, such as your family physician or

another counselor or therapist.

– Payment is when you obtain reimbursement for your healthcare. Examples of

payment are when I disclose your PHI to your health insurer or Personal Transformation Institute so that you or I may 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 my office, such as sharing, employing,

applying, utilizing, examining, and analyzing information that identifies you.

* “Disclosure” applies to activities outside of my office, such as releasing, transferring,

or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “PSYCHOTHERAPY NOTES” are notes I have made about our conversation during a private, group, joint, or family counseling session, WHICH I HAVE KEPT SEPARATE FROM THE REST OF YOUR MEDICAL RECORD. THESE NOTES ARE GIVEN A GREATER DEGREE OF PROTECTION THAN PHI AND ARE NOT IN THE CLINICAL RECORD WHICH HIPAA REGULATES.

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) I have relied on that authorization; or (2) 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 with Neither Consent nor Authorization: Also described in the Therapist/Patient Agreement:**

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

* Child Abuse and Endangerment – If I have reasonable cause to believe that a child has been abused or has witnessed acts of violence, I must report that belief to the appropriate authority.
* Adult and Domestic Abuse – If I have 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, I must report that belief to the appropriate authority.
* Health Oversight Activities – If I am the subject of an inquiry by the Georgia Board of Professional Counselors, Marriage and Family Therapists and Social Workers, I 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 I 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 I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
* Worker’s Compensation – I 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 Psychotherapist’s Duties:**

**Patient’s Rights: (with respect to PHI/Clinical Record):**

* Right to Request Restrictions – You have the right to request restrictions on certain uses and

disclosures of protected health information (PHI). However, I am 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

protected health information (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, I 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 my mental health and billing records used to make decisions about you for as long as the

PHI is maintained in the record. I may deny your access to PHI under certain circumstances,

but in some cases you may have this decision reviewed. On your request, I will discuss with

you the details of the request and denial process.

* Right to Amend – You have the right to request an amendment of PHI for as long as the PHI

is maintained in the record. I may deny your request. On your request, I will discuss with

you the details of the amendment process.

* Right to an Accounting – You generally have the right to receive an accounting of

disclosures of PHI. On your request, I will discuss with you the details of the accounting

process.

* Right to a Paper Copy – You have the right to obtain a paper copy of this notice from me

upon request, even if you have agreed to receive the notice electronically.

**Psychotherapist’s Duties:**

* I am required by law to maintain the privacy of PHI/Clinical Record and to provide you with

a notice of my legal duties and privacy practices with respect to PHI/Clinical Record.

* I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
* If I revise my policies and procedures, I will mail you a notice or provide it during your next session.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to

your PHI/Clinical Record, or have other concerns about your privacy rights, you may contact me. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

I will limit the uses or disclosures that I will make as follows: These disclosure regulations apply only to PHI/Clinical Record, not Psychotherapy Notes, which have a higher level of protection.

This notice will go into effect on July 1, 2018.

**ACKNOWLEDGEMENT OF HIPPA PRIVACY PRACTICES**

By signing below, I acknowledge that I received a copy of the privacy practices of Triumph Center, LLC of Georgia which outlines how my protected health information can be used and shared and what I can do if I have problems or questions while receiving services from Triumph Center, LLC of Georgia

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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