

Georgia Notice Form

Notice of Psychologist'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 AND SIGN THE ACKNOWLEDGMENT STATEMENT ON PAGE FIVE.

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

I 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 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 psychologist.

- *Payment* is when I obtain reimbursement for your health care. Examples of payment are when I 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 my practice, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice, such as releasing, transferring or providing access to information about you to other parties.

II. Use 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 your 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 from you before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private individual, 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.

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, 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 in the following circumstances:

- *Child Abuse* – If I have reasonable cause to believe that a child has been abused, 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 or Oversight Activities* – If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, 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 and/or the records thereof, such information is privileged under state law, and I will not release information without our written consent or a court order. The privilege does not apply when you are being evaluated by a third party, or when 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 that pursuant to the standards of my profession you present a serious danger of violence to yourself or others, I may disclose information in order to provide protection against such danger for you or the intended victim(s).
- *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 Psychologist’s Duties

Patient’s Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses of protected health information. However, I am not required to agree to a restriction that 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 seeking me. On your request, I will send information 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 the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties

- I am 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 PHI.
- 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 provide you with a revised notice at our first meeting after the revision has taken place.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me for clarification or further information. If you believe that your privacy rights have been violated and wish to file a complaint and send your written complaint to me at the address below.

Barbara J. Rubin, Psy.D.
957 W. Marietta Street, NW
Atlanta, Georgia 30318-5215

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

This notice became effective on April 14, 2003.

I will limit the uses or disclosures that I will make to those that you have given written permission to use or disclose. However, this restriction may not include a limitation affecting my right to make a use or disclosure that is required by law, or, when in good faith, to use or disclose to avert a serious threat to health or safety of a person or the public and such use or disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

I reserve the right to change the terms of this notice, and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person.

ACKNOWLEDGMENT STATEMENT

I have been informed of the contents of the **Georgia Notice Form** and the potential uses and disclosures of my protected health information and my right to limit those uses and disclosures. I have also been offered a copy of the form. My signature below is acknowledgment of this.

Signature _____

Date _____

Revised: 9/05