

Health Insurance Portability and Accountability Act (HIPAA)

NOTICE OF PRIVACY PRACTICES: EFFECTIVE 01/11/2011

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**Please read the following pages:**

I. COMMITMENT TO YOUR PRIVACY: Redman Counseling, LLC (hereinafter "Provider" ) is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Practices ("Notice") is required by law to provide you with the legal duties and the privacy practices that Provider maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with Provider.

II. LEGAL DUTY TO SAFEGUARD YOUR PHI: By federal and state law, Provider is required to ensure that your PHI is kept private. This Notice explains when, why, and how Provider would use and/or disclose your PHI. Use of PHI means when Provider shares, applies, utilizes, examines, or analyzes information within Provider practice; PHI is disclosed when Provider releases, transfers, gives, or otherwise reveals it to a third party outside of Provider's practice. With some exceptions, Provider may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Provider will always legally be required to follow the privacy practices described in this Notice.

III. CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your PHI that are created or retained by Provider's practice. Please note that Provider reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that Provider's practice has created or maintained in the past and for any of your records that your Provider may create or maintain in the future. Your Provider will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time.

The date of the latest revision will always be listed at the end of Provider's Notice of Privacy Practices.

IV. HOW PROVIDER MAY USE AND DISCLOSE YOUR PHI: Provider will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in Provider's "Information, Consent & authorization to Treatment" document. Below you will find the different categories of possible uses and disclosures with some examples.

1. For Treatment: Provider may disclose your PHI to physicians, psychiatrists, psychologists, and others licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, Provider may disclose your PHI to psychiatrist in order to coordinate your care. Except for in an emergency, , Provider will always ask for your authorization in writing prior to any such consultation.

2. For Health Care Operations: Provider may disclose your PHI to facilitate the efficient and correct operation of Provider's practice. Example: Quality control – Provider may provide your PHI to Provider personal assistant, attorney, accountants, practice consultants, and others to make sure that Provider is in compliance with applicable practices and laws. It is Provider's practice to conceal all client names in such an event and maintain confidentiality. However, there is still a possibility that your PHI may be audited for such purposes.

3. To Obtain Payment for Treatment: Provider may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. Example: Provider might send your PHI to your insurance company or managed health care plan, in order to get payment for the health care services that Provider has provided to you. Provider could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for Provider's office if either you or your insurance carriers are not able to stay current with your account. In this latter instance, Provider will always make a best effort to reconcile this with you first prior to involving any outside agency.

4. Employees and Business Associates: There may be instances where services are provided to Provider's practice by an employee or through contracts with third-party "business associates." Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, Provider will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of Provider. Note: Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how Provider may disclose information about you to others.

#### V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL

CIRCUMSTANCES – Provider may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. Law Enforcement: Subject to certain conditions, Provider may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: Provider may make a disclosure to the appropriate officials when a law requires Provider to report

information to government agencies, law enforcement personnel and/or in an administrative proceeding.

2. **Lawsuits and Disputes:** Provider may disclose information about you to respond to a court or administrative order or a search warrant. Provider may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. Provider will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

3. **Public Health Risks:** Provider may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

4. **Food and Drug Administration (FDA):** Provider may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

5. **Serious Threat to Health or Safety:** Provider may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if Provider determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, Provider may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

6. **Minors:** If you are a minor (under 18 years of age), Provider may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.

7. **Abuse and Neglect:** Provider may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If Provider has a reasonable suspicion of child abuse or neglect, Provider will report this to the Georgia Department of Child and Family Services.

8. **Coroners, Medical Examiners, and Funeral Directors:** Provider may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. Provider may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.

9. **Communications with Family, Friends, or Others:** Provider may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, Provider may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

10. Military and Veterans: If you are a member of the armed forces, Provider may release PHI about you as required by military command authorities. Provider may also release PHI about foreign military personnel to the appropriate military authority.

11. National Security, Protective Services for the President, and Intelligence Activities: Provider may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and others national activities authorized by law.

12. Correctional Institutions: If you are or become an inmate of a correctional institution, Provider may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

13. For Research Purposes: In certain limited circumstances, Provider may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols

14. For Workers' Compensation Purposes: Provider may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

15. Appointment Reminders: Provider is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or others health-related benefits and services that you may need or that may be of interest to you.

16. Health Oversight Activities: Provider may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess Provider's compliance with HIPAA regulations.

17. If Disclosure is otherwise specifically required by Law.

VI. Others Uses and Disclosures Require Your Prior Written Authorization: In any other situation not covered by this notice, Provider will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying Provider in writing of your decision. You understand that Provider is unable to take back any disclosures Provider has already made with your permission, Provider will continue to comply with laws that require certain disclosures, and Provider is required to retain Provider records of the care that Provider has provided to you.

VII. RIGHTS YOU HAVE REGARDING YOUR PHI:

1. The Right to See and Get Copies of Your PHI: In general, you have the right to see your PHI that is in Provider's possession, or to get copies of it; however, you must request it in writing. If Provider does not have your PHI, but Provider knows who does, Provider will advise you how you can get it. You will receive a response from Provider within 30 days of Provider receiving your written request. Under certain circumstances, Provider may feel Provider must deny your request, but if Provider does, Provider will give you, in writing, the reasons for the denial. Provider will also explain your right to have Provider denial reviewed. If you ask for copies of your PHI, Provider will charge you not more than \$.25 per page and the fees associated with supplies and postage. Provider may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that Provider limit how Provider uses and discloses your PHI. While Provider will consider your request, Provider is not legally bound to agree. If Provider does agree to your request, Provider will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that Provider is legally required or permitted to make.

3. The Right to Choose How Provider Sends Your PHI to You: It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Provider is obliged to agree to your request providing that Provider can give you the PHI, in the format you requested, without undue inconvenience.

4. The Right to Get a List of the Disclosures: You are entitled to a list of disclosures of your PHI that Provider has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. Provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Provider will provide the list to you at no cost, unless you make more than one request in the same year, in which case Provider will charge you a reasonable sum based on a set fee for each additional request. you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. Provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Provider will provide the list to you at no cost, unless you make more than one request in the same year, in which case Provider will charge you a reasonable sum based on a set fee for each additional request.

5. The Right to Amend Your PHI: If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that Provider correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of Provider receipt of your request. Provider may deny your request, in writing, if Provider finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of Provider records, or (d) written by someone other than Provider. Provider's denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and Provider denial will be attached to any future disclosures of your PHI. If Provider approves your request, Provider will make the change(s) to your PHI. Additionally, Provider will tell you that the changes have been made, and Provider will advise all others who need to know about the change(s) to your PHI.

6. The Right to Get This Notice by Email: You have the right to get this notice by email. You have the right to request a paper copy of it as well. 7. Submit all Written Requests: Submit to Provider at the address listed on top of page one of this document.

VIII. COMPLAINTS: If you are concerned your privacy rights may have been violated, or if you object to a decision Provider made about access to your PHI, you are entitled to file a complaint with Provider. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Provider will give you the address upon request. Under no circumstances will you be penalized or retaliated against for filing a complaint. Please discuss any questions or concerns with Provider.

Date of Last Revision: 01/01/2011