

ACCARES Wellness Center

Patient Notification of Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPAA provides patient protections related to the electronic transmission of data ("the transaction rules"), the keeping and use of patient records ("privacy rules"), and storage and access to health care records ("security rules"). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. This Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship, and as such, you will find we make every effort to do all we can to protect the privacy of your mental health records. If you have any further question about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, ACCARES Wellness Center is required to secure your signature indication you have received a copy of the Patient Notification of Privacy Rights document.
ACCARES Wellness Center HIPAA Compliance Officer

Patient name (print) _____

I have received a copy of the ACCARES Wellness Center Patient Notification of Privacy Rights document, which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand that I have the right to review this document and that at any time, now or later, ask any questions about or seek clarification of the matters discussed in this document. Signing below indicates only that I have received a copy.

Patient Signature _____

Parent Signature if Patient is a minor _____

Guardian Signature if Patient is Legal Charge _____

ACCARES Wellness Center
Dr. Kathy Howell & Associates
786 River Bend Rd Dawsonville, GA
30534 706-216-6356

**Health Insurance Portability and
Accountability Act (HIPAA)**

NOTICE OF PRIVACY PRACTICES

- I. **COMMITMENT TO YOUR PRIVACY:** ACCARES 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, and future physical or mental health condition and related health care services either in paper or electronic format. This notice of Privacy Practices ("Notice") is required by law to provide you with legal duties and the privacy practices that ACCARES maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding PHI. Please read carefully and discuss any questions or concerns with your counselor.
- II. **LEGAL DUTY TO SAFEGUARD YOUR PHI:** By federal and state law, ACCARES is required to ensure that your PHI is kept private. This Notice explains when, why, and how ACCARES would use and/or disclose your PHI. Use of PHI means when ACCARES shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when ACCARES releases, transfers, gives, or otherwise reveals it to a third party outside of ACCARES. With some exceptions, ACCARES 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, ACCARES is always legally 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 ACCARES. Please note that ACCARES reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for past, present, and future records that ACCARES has created or may be created or maintained by ACCARES. Printable copies of the current Notice will be available at all time on the ACCARES website, 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 ACCARES Notice of Privacy Practices.
- IV. **HOW YOUR NAME MAY DISCLOSE YOUR PHI:** ACCARES will not use or disclose your PHI without your written authorization, except as described in the Notice or as described in the "Information, Authorization, and Consent to Treatment" document. Below you will find the different categories of possible uses and disclosures with some examples.
- For Treatment:** ACCARES may disclose your PHI to physicians, psychiatrist, psychologist, and other licensed health providers who provide you with health care services or are; otherwise involved in your care. Examples: if you are also seeing a psychiatrist for medication management, ACCARES may disclose your PHI to him/her in order to coordinate your care. Except for in an emergency, ACCARES will always ask for your authorization in writing prior to any such consultation. **For Health Care Operations:** ACCARES may disclose your PHI to facilitate the efficient and correct operation of its practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

To Obtain Payment for Treatment: ACCARES may use and disclose your PHI to bill and collect payment for the treatment and services ACCARES provided to you. Example: ACCARES might send your PHI to your insurance company or managed health care plan in order to get payment for the health care services that have been provided to you. ACCARES could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for the ACCARES office if either you or your current insurance carrier are not able to stay current with your account. In this latter instance, ACCARES will always do its best to reconcile this with you first prior to involving any outside agency. **Contracted Business Associates:** There may be instances where services are provided to ACCARES by contracted business associates or through third-party "business associates." Whenever a business associate arrangement involves the use or disclosure of your PHI, ACCARES will have a written contract that requires the associate to maintain the same high standards of safeguarding your privacy that is required of ACCARES.

NOTE: The state of Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV status, and may limit the conditions in which ACCARES may disclose information about you to others.

- V. **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES-your name may use and/or disclose your PHI without your consent or authorization for the following reasons:**
- 1. Law Enforcement:** Subject to certain conditions, ACCARES may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: ACCARES may disclose to the appropriate officials when a law

requires ACCARES to report information to government agencies, law enforcement personnel and/or in an administration proceeding. **2. Lawsuits and Disputes:** ACCARES may disclose information about you to respond to a court or administrative order or a search warrant. ACCARES 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. ACCARES 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:** ACCARES 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 are at risk for getting or spreading a disease or condition. **4. Food and Drug Administration (FDA):** ACCARES 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:** ACCARES may disclose your PHI if you are in such a mental or emotional condition as to be dangerous to yourself or the person or property of others, and if ACCARES determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, ACCARES 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), ACCARES may be compelled to release certain types of information to your parents or guardian in accordance with applicable law. **7. Abuse and Neglect:** ACCARES may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If ACCARES has reasonable suspicion of child abuse or neglect, ACCARES will report this to the Georgia Department of Child and Family Services. **8. Coroners, Medical Examiners, and Funeral Director:** ACCARES 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. ACCARES may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties. **9. Communications with Family, Friends, or Others:** ACCARES 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 to your care. In addition, ACCARES 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, ACCARES may release PHI about you as required by military command authorities. ACCARES may also release PHI about foreign military personnel to the appropriate military authority. **11. National Security, Protective Services for the President, and Intelligence Activities:** ACCARES 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 other national activities authorized by law. **12. Correctional institutions:** If you are or become an inmate of a correctional institution, ACCARES 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, ACCARES 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 ascertained that the established protocols have been met to ensure the privacy of your information. **14. For Workers' Compensation Purposes:** ACCARES may provide PHI in order to comply with Workers' Compensation or similar programs established by law. **15. Appointment Reminders:** ACCARES is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you. **16. Health Oversight Activities:** ACCARES 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 US Secretary of Health and Human Services to investigate or assess ACCARES compliance with HIPAA regulations.

17. If Disclosure is Otherwise Specifically Required By Law. 18. In the following Cases, ACCARES Will Never Share Your PHI Unless You Give Us Written Permission: Marketing purposes, sale of your information, most sharing of psychotherapy notes, and fundraising efforts. If we contact you for fundraising efforts, you can tell us not to contact you again.

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

VII. **RIGHTS YOU HAVE REGARDING YOUR PHI:**

1. The Right to See and Get Copies of Your PHI either in paper or electronic format: In general, you have the right to see your PHI that is in ACCARES possession, or to get copies of it; however, you must request it in writing. If ACCARES does not have your PHI, but knows who does, you will be advised on how you can get it. You will receive a response from ACCARES within 30 days of receiving your written request. Under certain circumstances ACCARES may feel it must deny your request. In the event of a denial, ACCARES will give you, in writing, the

reason(s) for the denial in writing. ACCARES will also explain your right to have the denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable fee per page as well as the fees associated with supplies and postage. ACCARES may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, and all associated costs, in advance. **2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that ACCARES limit how it uses and discloses your PHI. While ACCARES will consider your request, it is not legally bound to agree. If ACCARES does not agree to your request, it will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. You do not have the right to limit the uses and disclosures that ACCARES is legally required or permitted to make. **3. The Right to Choose How ACCARES Sends Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address. Example: Sending information to your work address rather than your home address or by an alternate method. Example: By email instead of regular postal mail. ACCARES is obligated to agree to your request providing that it 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 that ACCARES made of your PHI. 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. ACCARES 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. ACCARES will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request. **5. The Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. **6. 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 ACCARES 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 when ACCARES receives your request. ACCARES may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than ACCARES. 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 you request and ACCARES denial will be attached to any future disclosures of your PHI. If

ACCARES approves your request, it will make the change(s) to your PHI. Additionally, ACCARES will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI. **7. 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. **8. Submit all Written Requests:** Submit to ACCARES Director and Privacy Office Dr. Kathy Howell at the address listed on top of the first page of this document.

permission in writing. Once you provide written permission, you may change your mind at any time by letting us know in writing of that change.

Date of Last Revision: 02/29/2016

- VIII. **COMPLAINTS:** If you are concerned your privacy rights may have been violated, or if you object to a decision ACCARES has made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights:
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909. Under no circumstances will you be penalized or retaliated against for filing a complaint. Please discuss any questions or concerns with your counselor. Your signature on the "Consent to Treatment" form (provided to you separately) indicates that you have read and understand this document.
- IX. **ACCARES Responsibilities:** We are required by law to maintain the privacy and security of your PHI. We will let you know promptly of any breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you provide