

McDaniel's Consulting & Counseling, Inc.
Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). The contents of a counseling, intake, or assessment session are confidential. Both verbal and written information about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this clinic not to release any information about a client without a signed release of information. We are required by law to maintain the confidentiality of health information that identifies you. We also are also required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your IIHI
Your privacy rights in your IIHI
Our obligations concerning the use and disclosure of your IIHI

The terms of this Notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, on our website, and you may request a copy of our most current Notice at any time.

IF YOU HAVE QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT: Office Manager
P.O. Box 16131
Savannah, GA 31416
(912) 349-0030

A.) WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

- 1.) **Treatment.** Our practice may use your IIHI to treat you (i.e. administration of psychological tests in order to help us reach a diagnosis). We may also disclose your IIHI to other health care providers for purposes related to your treatment (i.e. your records may be disclosed to the hospital in an emergency situation).
- 2.) **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us (i.e. contacting your insurance regarding eligibility and range of benefits and to determine if your insurer will cover or pay for your treatment). We may also disclose your IIHI to obtain payment from third parties (i.e. family members) that may be responsible for such costs. Also, we may use your IIHI to bill you directly for services and items.
- 3.) **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business (i.e. we may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management, or disclose your EHI to other health care providers and entities to assist in their health care operations).
- 4.) **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you to schedule or to remind you of an appointment.
- 5.) **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law. This includes disclosures required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance under Section 164.500 et seq.
- 6.) **Business Associates.** We may share your IIHI with third party "business associates" that performs activities on our behalf such as maintenance of our billing software. Under this arrangement we will have a written contract that protects your protected health information.

B.) USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES:

1.) **Public Health Risks.** Our practice may disclose your IIHI to authorities that are authorized to collect information for the purpose of:

National Security	Preventing, controlling disease and risk of spreading
Professional Misconduct	Reporting drug reactions
Reporting Child Abuse or Neglect	

2.) **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor compliance with civil rights laws and the health care system in general.

3.) **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

4.) **Law Enforcement.** We may release IIHI if asked to do so by law enforcement officials regarding: a crime victim in certain situations, if we are unable to obtain the person's agreement; concerning a death we believe has resulted from criminal misconduct; criminal misconduct at our office; in response to a warrant, summons, court order, subpoena or similar legal process; to identify/locate a suspect, material witness, fugitive or missing person; in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5.) **Serious Threat to Health or Safety.** Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety, the health and safety of another individual or the society. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6.) **Judicial or Administrative Proceedings.** Our practice may use and disclose your IIHI if you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof. However, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing that subpoena or a court order. The privilege does not apply when you are being evaluated for a third party (i.e. workers comp, ODD, opposing counsel) or where the evaluation is court ordered. You will be informed in advance if this is the case.

7.) **Military.** Our practice may use and disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

8.) **Adult and Domestic Abuse.** Our practice may use or disclose your IIHI if we have reasonable cause to suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

9.) **Worker's Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

C.) YOUR RIGHTS REGARDING YOUR IIHI:

1.) **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location (i.e. we contact you at home, rather than at work). Requests must be made in writing to Holly specifying the requested method of contact. Our office will accommodate reasonable requests. You do not have to give a reason for your request.

2.) **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and caretakers. However, we are not required to agree to your request. Restriction request must be made in writing in a clear and concise fashion to Holly describing:

- a.) the information you wish restricted
- b.) to whom you want the limits to apply and
- c.) whether you are requesting to limit our practice's use, disclosure or both

3.) **Inspection and Copies.** You may have the right to inspect or obtain a copy (or both) of IIHI that may be used to make decisions about you, including mental health and billing records. You must submit your request in writing to Holly. Our practice charges a fee for

the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4.) **Request an Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as the information is kept by our practice. Your request must be in writing and submitted to Holly. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinions: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend information.

5.) **Accounting and Disclosures.** Patients have the right to request an accounting of certain disclosures our practice has made of your IIHI. Use of your IIHI as part of the routine patient care in our practice is not required to be documented (i.e. the doctor sharing information with the office staff; or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to Holly, indicating a time period (may not be longer than six (6) years from the date of disclosure). Our practice will notify you of the costs involved with these requests and you may withdraw your request before you incur costs.

6.) **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices at any time. You may access a copy by printing this form or contacting our office at (912) 349-0030 or info@mcdanielscounseling.org.

7.) **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice by contacting Brittany; or with the **Secretary of the Department of Health and Human Services at: Office of Civil Rights, U.S. Department of Health and Human Service, 200 Independence Ave., SW., Room 509F, HHH Building, Washington, DC 20201.** All complaints must be in writing. **You will not be penalized for filing a complaint.**

8.) **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reason described in the authorization. Please note, we are required to retain records of your care.