

Counseling Associates for Well-Being

Privacy Notice

Revised 3-23-2010

PLEASE READ CAREFULLY:

Under the HIPAA Privacy regulations, we at Counseling Associates for Well-Being are required by federal law to maintain the privacy of your protected health information ("PHI") and will abide by the terms in this Privacy Notice.

Please be advised that Counseling Associates for Well-Being (CAWB) may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing care/treatment when you visit our offices. Under federal law, we may disclose your PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialist. We can also disclose your PHI for payment purposes. For example, we may disclose your PHI to your Insurance/Managed Care Company/ EAP to receive payment or to ask for approval for more sessions or for approval for another type of counseling service. These organizations also may have access to your PHI for quality assurance purposes.

We may also contact you via mail (satisfaction surveys, letters, etc.) or phone to remind you of appointments with our office or to discuss treatment alternatives.

We are prohibited from disclosing your PHI without your consent in accordance with the specific requirements of the HIPAA rules, unless disclosure is required under federal and/or state laws or other exceptions (including law enforcement). Please note that under the following exceptions, CAWB is not required to obtain your written authorization:

1. required by law,
2. required for public health purposes,
3. required disclosure about victims of abuse, neglect, or domestic violence,
4. required by a health oversight agency for oversight activities authorized by law ,
5. required in the course of any judicial or administrative proceedings,
6. required for a law enforcement purpose to a law enforcement official in special circumstances,
7. required by a coroner or medical examiner,
8. required by an organ procurement organization, for research,
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or
10. if we are subjects of a legal suit brought by you.

In addition to the above exceptions, if you are a member of the armed forces, Counseling Associates for Well-Being is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.

42 C.F.R. Part 2 The Federal rules prohibits us from making any disclosure of alcohol or drug abuse information unless it is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical records or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.

In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if we desired to release your PHI for reasons other than treatment or payment for our operations. For example, if we desired to participate in an outside research study, we would need your written authorization prior to being permitted to release your PHI to such an outside research facility. You could revoke that authorization at any time by sending us written notice, and that revocation would be effective for all further disclosures to that facility.

In accordance with the HITECH Act, Section 13402, if there is a suspected breach or discovered breach of unsecured PHI, we are required to notify you promptly with the details or the suspected or discovered incident.

Furthermore, you have the right to file a complaint if you believe your privacy rights have been violated. You may file such a complaint with our practice or with your Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint. Please contact us if you have any questions at 706-425-8900.

Please be further advised that you have the ability to obtain access and copies of your medical information. This does not include psychotherapy notes. We require you to submit a request in writing . Please note that fees may apply to these access and copy requests. Also, CAWB can provide you with an accounting of all disclosures that we have made of your PHI to third parties, except disclosures for treatment, payment or health care operations and pursuant to authorization.

Please sign below acknowledging receipt of this Privacy Notice in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Client or Parent/Guardian of Minor Signature

Date