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PAGE TWO OF THE **INFORMED CONSENT AGREEMENT** –

HIPAA – NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW I MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) TO CARRY OUT TREATMENT, FILE FOR INSURANCE PAYMENT AND FOR OTHER PURPOSES THAT MAY BE REQUIRED BY LAW. IT ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND CONTROL YOUR PHI (I.E. ANY INFORMATION THAT MAY IDENTIFY YOU AND THAT RELATES TO YOUR PAST, PRESENT OR FUTURE PHYSICAL OR MENTAL HEALTH AND/OR RELATED HEALTH CARE SERVICES WHICH I MAY HAVE ON FILE OR HAVE DIRECT KNOWLEDGE OF). I WILL ASK YOU TO SIGN A CONSENT FORM ALLOWING ME TO USE THIS INFORMATION SHOULD THE NEED ARISE. THIS CONSENT FORM IS AT THE BOTTOM OF THE INFORMED CONSENT FORM WHICH IS FILLED OUT ON INTAKE.

I AM REQUIRED BY LAW (I.E. THE 2003 FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, HIPAA) TO MAINTAIN THE PRIVACY OF YOUR PHI AND TO FOLLOW THE TERMS OF THIS NOTICE. THE TERMS OF THE NOTICE MAY BE REVISED AS NEEDED TO REFLECT FUTURE CHANGES IN THE LAW, WHICH WILL THEN APPLY TO ALL PHI THAT I MAINTAIN AT THAT TIME. I WILL PROVIDE YOU A COPY OF ANY REVISED NOTICES VIA E-MAIL OR IF YOU REQUEST, BY MAILING OR GIVING ONE TO YOU AT YOUR NEXT APPOINTMENT.

HOW I MAY USE/DISCLOSE HEALTH INFORMATION ABOUT YOU

TREATMENT: AS YOU KNOW, I NEED TO COLLECT SOME OF YOUR PHI IN ORDER TO PROVIDE YOU WITH EFFECTIVE PSYCHOTHERAPY. WITH YOUR CONSENT, I MAY DISCLOSE YOUR PHI FOR THE PURPOSE OF COORDINATING OR MANAGING YOUR HEALTH CARE TREATMENT WITH A PHYSICIAN OR OTHER HEALTHCARE PROVIDER SHOULD THIS BECOME NECESSARY AND BE BENEFICIAL TO YOU.

INSURANCE PAYMENT: IF I USED INSURANCE I'D NEED TO DISCLOSE SOME OF YOUR BASIC PHI SO THAT I CAN RECEIVE PAYMENT FOR MY SERVICES TO YOU. EXAMPLES OF PAYMENT-RELATED ACTIVITIES INCLUDE VERIFYING ELIGIBILITY OR COVERAGE FOR INSURANCE BENEFITS, PROCESSING CLAIMS WITH INSURANCE COMPANY, REVIEWING SERVICES PROVIDED TO YOU TO DETERMINE MEDICAL NECESSITY, OR UNDERTAKING UTILIZATION REVIEW ACTIVITIES WHEN YOUR INSURANCE REQUIRES IT.

HEALTH CARE OPERATIONS: REGARDING INSURANCE OR PAYMENT BY OTHER MEANS, I MAY NEED TO USE A BILLING SERVICE WITH WHICH IS REQUIRED BY LAW TO SAFEGUARD THE PRIVACY OF YOUR PHI, WHICH IN THIS CASE IS LIMITED TO DATES OF SERVICE, SERVICE CODE, SOCIAL SECURITY NUMBER, BIRTH DATE AND DIAGNOSTIC CODE, ALL INFORMATION WHICH IS REQUIRED TO FILE INSURANCE CLAIMS. I MAY DISCLOSE YOUR PHI WHEN CALLING YOU BY NAME IN THE WAITING AREA, OR IN CONTACTING YOU IN RELATION TO APPOINTMENTS OR SERVICES.

REQUIRED BY LAW: UNDER THE LAW I MUST MAKE LIMITED DISCLOSURES TO THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE PURPOSE OF INVESTIGATING OR DETERMINING OUR COMPLIANCE WITH THE PRIVACY RULE SHOULD THEY DEMAND I DO SO.

WITHOUT AUTHORIZATION: THERE ARE A LIMITED NUMBER OF SITUATIONS IN WHICH THE LAW AND THE ETHICAL STANDARDS OF MY PROFESSION COMPEL ME TO DISCLOSE INFORMATION ABOUT YOU WITHOUT YOUR CONSENT OR AUTHORIZATION. THESE INCLUDE:

- 1) SUSPECTED CHILD OR ELDER ABUSE OR NEGLECT MUST BE REPORTED.
 - 2) A SERIOUS THREAT OF PHYSICAL VIOLENCE AGAINST ONESELF OR A REASONABLY IDENTIFIABLE VICTIM OR VICTIMS MUST BE REPORTED TO LAW ENFORCEMENT AND/OR THE THREATENED PERSON(S).
 - 3) A COURT ORDER (WHICH WOULD FOLLOW MY ATTEMPTING TO CONTACT YOU ABOUT THE REQUEST AND YOUR WAIVING YOUR RIGHT TO CHALLENGE THE RELEASE OF ANY INFORMATION TO THE COURT. DEPENDING UPON THE SITUATION, SUCH CHALLENGES MAY BE SUCCESSFUL AND NO INFORMATION IS RELEASED. AT OTHER TIMES I MAY BE ORDERED TO RELEASE SOME INFORMATION (IN WHICH CASE, I MUST COMPLY).
 - 4) MANDATORY GOVERNMENT AGENCY AUDITS OR INVESTIGATIONS, SUCH AS THE GA BOARD OF PROFESSIONAL REGULATION THAT ISSUES AND MAINTAINS MY LICENSE, MAY REQUIRE RELEASE OF CERTAIN INFORMATION.
- IN ADDITION, MILITARY ACTIVITY AND NATIONAL SECURITY FOR ARMED FORCES PERSONNEL 1., FOR ACTIVITIES BELIEVED BY MILITARY AUTHORITIES TO ENSURE FITNESS FOR DUTY, 2., FOR DETERMINATION BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) OF ELIGIBILITY FOR BENEFITS, OR 3., TO A FOREIGN MILITARY AUTHORITY IF YOU ARE A MEMBER. WE MAY ALSO DISCLOSE PHI TO AUTHORIZED FEDERAL OFFICIALS FOR NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES INCLUDING PROTECTIVE SERVICES.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

YOU HAVE THE FOLLOWING RIGHTS REGARDING THE PHI I MAINTAIN ABOUT YOU. TO EXERCISE ANY OF THESE RIGHTS PLEASE SUBMIT YOUR REQUEST TO ME IN WRITING, AS I WILL NEED TO DOCUMENT THIS REQUEST.

YOU HAVE THE RIGHT TO INSPECT, REVIEW AND COPY THE PHI I HAVE ON FILE. YOUR RIGHT TO INSPECT AND COPY PHI WILL BE RESTRICTED ONLY IN THOSE SITUATIONS WHERE THERE IS COMPELLING EVIDENCE THAT ACCESS WOULD CAUSE HARM TO YOU. I MAY CHARGE A REASONABLE, COST-BASED FEE FOR PROVIDING THESE COPIES.

YOU HAVE THE RIGHT TO AMEND. IF YOU BELIEVE THAT THE PHI I HAVE ABOUT YOU IS INCORRECT OR INCOMPLETE, YOU MAY ASK ME TO AMEND THE INFORMATION. IN CERTAIN CASES I AM NOT REQUIRED TO AGREE TO THE AMENDMENT.

YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS. YOU MAY ASK ME NOT TO USE OR DISCLOSE ANY PART OF YOUR PHI FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS. YOUR REQUEST MUST STATE THE SPECIFIC RESTRICTION REQUESTED AND TO WHOM YOU WANT THE RESTRICTION TO APPLY. BY LAW, I AM NOT REQUIRED TO AGREE TO YOUR REQUEST (E.G. CASES OF CHILD OR ELDER ABUSE AS DISCUSSED ABOVE).

YOU HAVE THE RIGHT TO AN ACCOUNTING OF DISCLOSURES. YOU MAY REQUEST AN ACCOUNTING OF YOUR PHI THAT I MAKE OF YOUR PHI. NO ACCOUNTING IS MADE FOR RELEASE OF PHI DISCLOSED BY AUTHORIZATION. I MAY CHARGE A REASONABLE FEE FOR COPIES OF SAID DISCLOSURES.

YOU HAVE THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION. YOU HAVE THE RIGHT TO REQUEST I USE A SPECIFIC MODE OF COMMUNICATION.

YOU HAVE THE RIGHT TO A COPY OF THIS NOTICE.

COMPLAINTS

YOU HAVE THE RIGHT TO FILE A COMPLAINT IF YOU BELIEVE THAT I HAVE VIOLATED YOUR PRIVACY RIGHTS. YOU CAN FILE A COMPLAINT WITH THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. ALL COMPLAINTS MUST BE IN WRITING. FILING A COMPLAINT WILL NOT CHANGE THE TREATMENT I PROVIDE YOU IN ANY WAY.

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR ABOUT MY HEALTH INFORMATION PRIVACY POLICIES.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003.