



AR PSYCHIATRY AND COUNSELING CENTER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHIATRIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment , Payment and Health Care Operations

AR Psychiatric & Counseling, LLC and its contracted providers may use or disclose your protected health information (henceforth termed PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

A. "PHI" refers to information in your health record that could identify you.

B. "Treatment, Payment and Health Care Operations" refers to

- Treatment is when AR Psychiatric & Counseling, LLC provides, coordinate or manage your health care and other Services related to your healthcare. An example would be when we consult with another health care provider, such as your family physician or your psychologist.
- Payment is when we obtain reimbursement for your health care. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.

C. "Use" applies only to activities within my (office, clinic, practice group, etc), such as sharing employing, applying, utilizing, examining, and analyzing information that identifies you.

D. "Disclosure" applies to activities outside my (office, clinic, practice group, etc.) such as releasing, transferring, or providing access to information about you or other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of your treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your "Psychiatric Notes". "Psychiatric Notes" are notes we have made about our conversation during our sessions which we have kept separate from the rest of your medical records. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychiatric Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Possible Use or Disclosure of PHI or Psychotherapy Notes without Consent or Authorization

AR Psychiatric & Counseling, LLC and its contracted providers may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** : If we have reasonable cause to believe that a child has been abused, we must report that belief to the appropriate authority
- **Adult and domestic abuse**: If we have reasonable cause to believe that a disabled adult or elder person has had physical injury or injuries inflicted on them, other than by accidental means, or has been neglected or exploited we must report that belief to the appropriate authority.
- **Health Oversight Activities**: If we are subject of an inquiry by the Composite State Board of Medical Examiners or the Composite State Board of Professional Counselors, Social Workers and Marriage and Family Therapists, the Department of Community Health or any other Government regulatory agency with appropriate authority, we may be required to disclose your PHI or psychotherapy records.
- **Judicial and Administrative Proceedings**: If you are involved in court proceedings and a request is made about the professional services provided to you, we may provide relevant information regarding the dates and times of service. We may also provide other relevant PHI , however, psychotherapy notes, or any information that is privileged under state law, will not be released without your consent or court order. Please be advised that the privilege does not apply when you undergo an evaluation for a third party or when the valuation is court ordered; in these instances , you will be informed as to whether your records are privileged
- **Serious Threat to Health and Safety**: If we determine, or pursuant to the standards of Psychiatry should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.
- **Worker's Compensation**: We may disclose PHI regarding you or authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

Patient's Rights and Psychiatrist's Duties

Patient's Rights

- ***Right to Request Restrictions:*** you have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction request.
- ***Right to receive Confidential Communications by Alternative Means and at Alternative locations:*** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are going to Center for Family Psychiatry Inc. and its contracted providers on your request we will send the bill to another location.)
- ***Right to Inspect and Copy:*** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record subject to reasonable fees for copying. We may deny access to your PHI under certain circumstances, but in some cases you may have the decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- ***Right to Amend:*** You have the right to request an amendment of PHI as long as PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ***Right to an Accounting:*** You generally have the right to receive an accounting of disclosures of PHI. On your request we will discuss with you the details of the accounting process.
- ***Right to Paper Copy:*** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychiatrist's or Providers Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- We reserve the right to change privacy policies and practices with respect to PHI.
- If we revise the policies and procedures we will provide you with a revised notice via our message board at the front desk.

IV. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records or have other concerns about your privacy rights, you may contact *Renu Gupta who is the Privacy Officer for the practice.*

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Attn: Renu Gupta, AR Psychiatric & Counseling, LLC, 3312-D North Oak Street Ext., Valdosta, GA 31605.

You may also send a written complaint to the Secretary of the U.S. Dept of Health and Human Services. The Privacy Officer listed above can provide you with the appropriate address upon request. You have specific rights under Privacy Rule. AR Psychiatric & Counseling and its contracted providers will not retaliate against you for exercising your rights to file a complaint.

V. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on 11/01/2011. AR Psychiatric & Counseling, LLC and its contracted providers reserve the right to change the terms of this notice and to make the new notice effective for all PHI that we maintain. Any revised notices will be posted at the front desk.

Please Sign _____ Date _____

(Patient or legal Guardian if under 18)

Print "signature" name if different from above _____