

2016 Notice of Policies & Practices to Protect the Privacy of Patient's Health Information (HIPAA)

This notice describes how psychological and medical information about you may be used and disclosed and how you can access this information. **You must read, initial each page, sign the last page and bring it with you to your first appointment.**

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

I may disclose your information for purposes of *treatment, payment, and health care operations* **without** your consent. The following definitions clarify these terms:

- **"PHI"** refers to information in your patient record that could identify you.
- **"Treatment, Payment and Health Care Operations":** Treatment is when Melissa Lester, LCSW provides, coordinates or manages your health care and other services related to your health care.
- **Payment** is when Melissa Lester, LCSW obtains reimbursement for your health care. Examples of payment are when your PHI is disclosed 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 this business. Examples of health care operations are billing, administrative services, and care coordination.
- **"Use"** applies only to activities such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- **"Disclosure"** applies to activities outside of this business such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is verbal or written permission above and beyond the general consent that permits only specific disclosures. In those instances an authorization will be obtained from you before releasing this information.

You may revoke all such authorizations (of PHI or psychotherapy notes), provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **CHILD ABUSE:** If I know or reasonably suspect that a child is abused, abandoned, neglected or exploited by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires me to report such knowledge or suspicion to DFCS.

- **ADULT AND DOMESTIC ABUSE:** If I know or reasonably suspect that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, abandoned or exploited, I am required by law to immediately report such knowledge or suspicion to the DFCS/APS.
- **HEALTH OVERSIGHT:** If a complaint is filed against me with the Georgia Department of Health or other regulating board, the Department has the authority to subpoena confidential mental health information from me that is relevant to that complaint.
- **JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and I will not release any information whatsoever without a court order.
- **SERIOUS THREAT TO HEALTH OR SAFETY:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, I may communicate relevant information concerning this to the potential victim, appropriate family member, law enforcement, or other appropriate authorities.
- **WORKER'S COMPENSATION:** If you file a worker's compensation claim, I must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish relevant records to those parties.

IV. Patient's Rights and My Responsibilities

Patient's Rights

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI about you. I am not required to agree to a restriction you 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. (I.e, you may not want a family member to know you are receiving services.)
- *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. At your request, I will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. At your request, I 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 regarding you. At your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Melissa Lester Olson, LCSW's Responsibilities

- I am required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- I reserve the right to change the policies and practices described in this notice. I must notify you of such changes, or abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice in person as well as making that information available in my office.

V. Complaints

If you are concerned that your privacy rights have been violated or if you disagree with a decision that has made about access to your records, please feel free to discuss your concerns with me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

VI. Effective Date and Changes to Privacy Policy

This notice has been updated on 8/28/16.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. This revised notice is available on my website at all times for review and printing and is also available in paper format on request.

Please read the following notices carefully before selecting me as your therapist. I make no exceptions to this policy for any reason, including your failure to read this policy.

- 1) It is my policy – without exception - to NOT release your psychotherapy notes OR your medical records to ANY third party for ANY reason. If I am presented with a court order, I will contest the order and invoke privilege. This includes, but is not limited to divorce, custody cases, and claims of any kind, including, but not limited to, disability claims.
- 2) I do not participate in ANY legal, mediation or claims related process of ANY kind. This is due to the conflict of interest that arises if our relationship becomes a DUAL relationship. I am precluded by my professional licensure ethics from engaging in any DUAL relationship, as this is detrimental to you and to the therapy relationship.

Notice of Policies and Practices to Protect the Privacy of Patients' Health Information

Updated 8/28/16.

This notice describes how psychological and medical information about you may be used and disclosed and how you can access this information.

By signing and dating below, you acknowledge that you have received and read my *Notice of Policies and Practices to Protect the Privacy of Patients' Health Information* and that you have sought clarification of any information that is unclear to you.

Initial each page in the margins, sign this page, and return this entire document to me via an email attachment to melissa@melissalesterolson.com or in person before your first appointment.

(You must also **read, initial and sign my Authorization to Treat & Informed Consent document and return the entire document** to me via email attachment to melissa@melissalesterolson.com or in person prior to or at your first appointment. Thank you!)

Client Name – please print

Client Signature

Date