

Davis Mindful Resolutions Counseling, LLC

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Davis Mindful Resolutions Counseling LLC to maintain the privacy of your health information, inform you of its legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices, notify you if there is a breach involving your protected health information, agree to restrict disclosure of your health information to your health plan if you pay out-of-pocket in full for health care services, and abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice at any time.

I. Confidentiality - As a general rule, we will disclose no information about you, or the fact that you are a patient, without your written consent. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. We may use or disclose your health information to provide you with treatment or services. We may use or disclose your health information to bill and collect payment for the services that you receive. For example, your health insurance company may need to provide your health plan with information about the treatment you received so that it can make payment or reimbursement for services provided to you. We may use and disclose information about you for health care operations. For example, we may review treatment and services to evaluate the performance of our staff and to determine what additional services should be provided. We may disclose your information to contractors (business associates) who provide certain services to us, and we would require these business associates to appropriately safeguard your information.

II. "Limits of Confidentiality" - Possible Uses and Disclosures of Mental Health Records without Consent or Authorization: There are some important exceptions to this rule of confidentiality. We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

Emergency: If you are involved in a medical emergency and we cannot ask your permission, we will share information if we believe you would have wanted us to do so, or if we believe it will be helpful to you.

Reporting Suspected Abuse: If we have reason to suspect that a child, elderly person, or disabled person is abused or neglected, we are required by Georgia law to report the matter immediately to the appropriate authorities.

Health Oversight: Licensed mental health providers must report misconduct by a health care provider of their own profession. By policy, we also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, we are required to explain to you how to make such a report. If you are yourself a health care provider, we are required by law to report to your licensing board that you are in treatment if we believe your condition places the public at risk.

Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, and if such information is privileged under state law, we will not release information unless you provide written authorization or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so you can file a motion to quash (block) the subpoena. Protections of privilege may not apply if we do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case. If you become a patient in a civil commitment hearing, we can be required to provide your records to the magistrate, attorney or guardian ad litem, an evaluator, or a law enforcement officer, whether you are a minor or an adult.

Serious Threat to Health or Safety: If you communicate a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By our own policy, we may also use and

(Notice of Privacy Practices, Continued)

disclose health information about you when necessary to prevent an immediate, serious threat to your own health and safety.

National Security: We may disclose your health information to authorized federal officials conducting intelligence and other national security activities.

Worker's Compensation: If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Any other use or disclosure not mentioned in this Notice will be made only with your written authorization, and you can revoke that authorization at any time.

III. Patient's Rights and Provider's Duties:

Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may request that we limit the information we disclose. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

Right to Receive Confidential Communications - You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a provider. Upon your request, we will send your bills to another address. You may also request that we contact you only at work, or that we do not leave voicemail messages. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the provider.

Right to an Accounting of Disclosures - You have the right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested for which you have neither provided consent nor authorization. On your written request, we will discuss with you the details of the accounting process.

Right to Inspect and Copy- You have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, we may charge a fee for costs of copying and mailing. We may deny your request to inspect and copy in some circumstances, and in such cases you may request that a denial be reviewed. We may refuse to provide access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend - If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that: 1) was not created by us; we will add your request to the information record; 2) is not part of the medical information kept by us; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to Receive a Paper Copy of this Notice - You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Changes to this Notice- We reserve the right to change our policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting area. We will have copies of the current notice available on request.

Complaints - If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to our office. You may also send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE: AUGUST 1, 2018