

GEORGIA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL 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

Dr. Ren Massey's office may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when Dr. Massey provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when Dr. Massey consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when Dr. Massey obtains reimbursement for your healthcare. Examples of payment are when Dr. Massey discloses 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 Dr. Massey's 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.
- “*Use*” applies only to activities within Dr. Massey's office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Dr. Massey's office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr. Massey 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 the general consent that permits only specific disclosures. When Dr. Massey is asked for information for purposes

outside of treatment, payment or health care operations, your authorization will be obtained before releasing this information. Dr. Massey will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes Dr. Massey has made about conversation with you during a private, group, joint, or family counseling session, which are separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. Massey has 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. Uses and Disclosures with Neither Consent nor Authorization

Dr. Massey may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If Dr. Massey has reasonable cause to believe that a child has been abused, such abuse must be reported to the appropriate authority.
- *Adult and Domestic Abuse* – If Dr. Massey has reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, such acts must be reported to the appropriate authority.
- *Health Oversight Activities* – If Dr. Massey is the subject of an inquiry by the Georgia Board of Psychological Examiners, disclosure of protected health information regarding you may be required in proceedings before the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made about the professional services Dr. Massey provided you or the records thereof, such information is privileged under state law and will not be released without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If Dr. Massey determines, or pursuant to the standards of the profession of psychology should determine, that you present a serious danger of violence to yourself or another, such information may be disclosed in order to provide protection against such danger for you or the intended victim.

- *Worker's Compensation* – Dr. Massey may disclose protected health information regarding you as 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.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Dr. Massey is 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. (For example, you may not want a family member to know that you are seeing Dr. Massey. On your request, your bills may be sent to another address.)
- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy of PHI in Dr. Massey's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Massey may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Massey 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 for as long as the PHI is maintained in the record. Dr. Massey may deny your request. On your request, Dr. Massey 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, Dr. Massey 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 Dr. Massey upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Dr. Massey is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Dr. Massey reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, Dr. Massey is required to abide by the terms currently in effect.

- If Dr. Massey revises these policies and procedures, you will be notified with written copy of these revisions delivered in person or via U.S. Mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision Dr. Massey makes about access to your records, or have other concerns about your privacy rights, you may contact Dr. Massey about this for further information.

If you believe that your privacy rights have been violated and wish to file a complaint with Dr. Massey’s office, you may send your written complaint to Dr. Renelle Massey, 1244 Clairmont Rd., Suite 101, Decatur, GA 30030.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Massey can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Dr. Massey will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on April 14, 2003.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE BEEN GIVEN THIS NOTICE AND READ THIS AGREEMENT.

_____	_____
Printed Name of Patient	Printed Name of Person Signing Agreement
_____	_____
Signature	Relationship to Patient Date