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The Health Insurance Portability and Accountability Act of 1996 (HIPAA) ordered the development of rules for health-related record security and privacy. I am required by law and by the NASW Code of Ethics to maintain the privacy of your health information and to provide you with this notice of my legal duties and privacy practices with respect to your health information. I reserve the right to change the terms of this Privacy Notice at any time and will provide one to you at your next appointment and/or post updated notice on my practice website [www.clinicalconversationsinc.com](http://www.clinicalconversationsinc.com).

### PRIVACY NOTICE

**This Privacy Notice informs you how health information about you may be used and disclosed; and how you can get access to this information. Please carefully read. It is important that you know and understand the patient protections HIPAA affords you.**

The laws and standards of my profession require that I keep treatment records which contains personal information about you and your health. Your medical record is maintained securely. I maintain records for ten years after closing of a chart. If you wish, your health information may be reviewed and disclosed to those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. Except as described in this notice, disclosures will be made only with your authorization. Disclosures can take place with authorization, such as at minimum a verbal permission or a signed Release of Information form. Health information offered or disclosed to other parties can be limited to the "Minimum Necessary." If written authorization is given, you may revoke your authorization, except when disclosures by myself has already been authorized and made.

Regarding Minor Children In cases of treatment of a minor, the parent(s)/guardian(s) has the right to be involved in the development of treatment goals and kept informed regarding progress in treatment. Communications may be related to symptoms, diagnosis, treatment recommendations, etc. However, specific information regarding the content of sessions will generally not be shared without child consent unless safety concerns are a factor.

Regarding Outside Contact At times I like to and may need to contact clients to discuss appointment changes, for follow-up, or for bill collection.

Regarding Appointment Reminders I offer a HIPAA compliant appointment reminder service. This service is offered to you but is not required.

Regarding Payment I use and disclose health information to receive payment for treatment services with authorization. Examples of payment-related services include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services to determine medical necessity or verify that services were billed as actually provided, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of information necessary for purposes of collection and will only seek collection services if I have not been able to reconcile the debt with you first.

Regarding Consultation I participate in regular individual and group clinical consultation. Minimal information will be shared in consultation and those professionals will also be required by professional ethics and the law to keep shared details/information confidential.

#### Allowable or Required Uses or Disclosures of Information

Your health information can be used or disclosed **without** your written authorization for the following activities:

To prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety.
To report abuse or neglect	Disclosures to public health authorities to report suspected child, elder, or dependent adult abuse or neglect
For emergency treatment	Disclosure of information about you in a medical emergency situation to medical personnel in order to prevent serious harm.
To respond to a court order and subpoena	Disclosures in response to a court or administrative order, subpoena, or other lawful process.
For health care operations/business activities	Your personal health information may be shared with third parties that perform various business activities (e.g., billing services) provided a written contract to safeguard the privacy of your health information is in place.
To obtain payment for services	Before providing services or written authorization is in effect, I may share details with your health plan to ask for approval or authorization before services are provided.
For HHS investigation or other health oversight	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine my compliance with the privacy rule.

Insurances or a governing body may request this provider to complete a medical record audit for compliance of standard of care and medical necessity.
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### Your Rights

The following are your rights with respect to your health information.

- ◆ You have the right to ask to restrict uses or disclosures of your information for treatment and payment. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Please note that while I will try to honor your request, I am not required to agree to any restriction and may be unable to by law.
- ◆ You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address).
- ◆ You have the right to see and obtain a copy of your paper or electronic medical record. You may not have a right to inspect or obtain copies of “psychotherapy notes.” In certain limited circumstances, I may deny your written request to inspect and copy your medical record and/or charge a reasonable, cost-based fee for copies.
- ◆ You have the right to amend your medical record if you believe the health information about you is incorrect or incomplete. If I deny your written request to amend your record, you may have a statement of your disagreement added to your medical record.
- ◆ You have the right to ask this provider to give a list of disclosures I have made of your record. This accounting will not include disclosures of information for treatment, payment, and health care operations purposes or other disclosures of which federal law does not require me to provide an accounting.
- ◆ If there is a breach of unsecured protected health information concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- ◆ You have the right to a paper copy of this notice.

### Exercising Your Rights

- ◆ Contact me directly if you have any questions about this notice or want to exercise any of your rights.
- ◆ If at any time you are dissatisfied with my services, you believe your privacy rights have been violated, or I have violated professional ethics, please let me know. If we are not able to resolve your concerns, you may report your complaints to the Georgia Composite Board for Licensed Counselors, Social Workers, and Marriage and Family Therapists and to the Secretary of Health and Human Services. For a copy of the code of ethics to which I adhere, you may contact NASW (National Association of Social Workers). Complaints should be forwarded to:

Region IV, Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center  
Suite 3B70, 61 Forsyth St. S.W.  
Atlanta, GA 30303-8909  
(404) 562-7886

Georgia Composite Board of PC, SW, and MFT  
237 Coliseum Drive  
Macon, GA 31217-3858  
(478) 207-2440

There will be no retaliation for filing any complaint.

**The date of last revision of this Privacy Notice is October 2023.**