

## **NOTICE OF SAMARITAN COUNSELING CENTER OF ATLANTA, INC.'s PRIVACY PRACTICES**

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the state of Georgia to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on April 14, 2003 and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will effect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at The Samaritan Counseling Center of Atlanta, Inc. These changes could also effect how we protect the privacy of any of your health information we had before the changes.

When we make any substantive changes, we may also change this notice and give you a copy of the new notice.

When you are finished reading this notice, you may request a copy of it at no charge to you.

If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

### **Here are some examples of how we use and disclose information about your health information.**

We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services we provide for you.
5. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff,

improving the quality of our services, meeting accreditation standards, for legal matters and in connection with licensing, credentialing, or certification activities.

6. To anyone else you give us written authorization to have your health information, for any reason you want. You may revoke such an authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects your health information that are necessary to respond to the emergency.
8. Uses and Disclosures with Neither Consent nor Authorization
  - a. Child Abuse – If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.
  - b. Adult and Domestic Abuse – If we have 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. we must report that belief to the appropriate authority.
  - c. Health Oversight Activities – If I am the subject of an inquiry by any of the State Boards we may be required to disclose protected health information regarding you in proceedings before the Board.
  - d. Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made about the professional services we provided you or the records thereof, such information 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.
  - e. Serious Threat to Health or Safety – If it is determined pursuant to professional standards that in good faith it is believed that you present a serious danger of violence to yourself or another, information may be disclosed in order to provide protection against such danger for you or the intended victim.
  - f. Worker’s Compensation – We 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.

We will not use your health information in any of our Center’s marketing, development, public relations, or related activities without your written authorization.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

As a client of The Samaritan Counseling Center of Atlanta, Inc. **you have these important rights:**

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part “A” above.
- C. We will charge you \$.50 per page for making these photocopies
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- F. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- G. You can make a written request that we amend the information in part “A” above.
- H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- I. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Center’s operations. This can go back as far as six years, but not before April 14, 2003.
- K. If you request the accounting in “J” above more than once in a 12 month period we may charge you a fee based on our actual costs of tabulating these disclosures.
- L. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person:

Compliance Officer: Paul L. Fulks, Executive Director

Telephone: 404-228-7721

Fax: 404-228-7769

E-mail: No E-Mail is available

Address: 1328 Peachtree St NE, Suite B-317  
Atlanta, GA 30309

- M. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon written request.

## **Acknowledgement of Notice of Privacy**

A full and complete copy of the HIPAA Notice of Privacy Practices has been made available for me to read in the reception area at The Samaritan Counseling Center of Atlanta, Inc. Upon request either now or at some future date, a printed copy will be made available to me.

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Signature of Client

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Date