

The Stress Therapist, LLC
3104 Briarcliff Road #98297
Atlanta, GA 30359

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and The Stress Therapist, LLC’s professional ethics and codes. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. In order to provide you with quality and continuity of care within (“The Stress Therapist, LLC”), we may disclose health information about you to doctors, nurses, technicians, office staff or other The Stress Therapist personnel who are involved in taking care of you and your health.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy or scheduling lab work. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of

collection.

For Health Care Operations. We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

By signing this notice, it is also understood that, unless you state otherwise below, the Stress Therapist may call the numbers that you have provided with your patient information and leave a message on an answering mechanism (machine, voice mail or service) or with any individual that answers at these numbers stating that we (Cheri Augustine Flake, LCSW or The Stress Therapist, LLC) are calling for you and leave our return number with a message. Messages may include appointment reminders, cancellations, billing inquiries or generic messages including, but not limited to returning your call or that we would like you to call our office. Also, when leaving message, we may state your therapist's name for clarification. For example, we may call a patient's house for an appointment reminder and leave the following message on the patient's answering machine, "Hello, this is The Stress Therapist calling to remind Jane Doe that she has an appointment with Cheri Flake tomorrow at 2:00 PM." If you call our offices and request a call back, we will assume that it is ok to leave a message with someone or an answering mechanism (machine, voice mail or service) at the number you leave with your request or have provided on your patient information sheet. If you have specific numbers that you would NEVER like us to leave a message, please provide this information below.

Please NEVER leave a message at the following number: _____

I understand Guiding Inner Action, LLC policy regarding leaving messages.

Initial here: _____

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Products and Services: We may tell you about health related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that which occurred before that time.

If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. *Exceptions may include psychotherapy notes.* In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations. That is, the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child/elder abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, *including yourself.* If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Federal guidelines include the following list of categories for uses and disclosures permitted by HIPAA without authorization:

Abuse and Neglect
Judicial and Administrative Proceedings
Deceased Persons
Emergencies
Family Involvement in Care
Health Oversight
Law Enforcement
National Security
Public Health
Public Safety (Duty to Warn)
Research
Worker's Compensation

Verbal Permission. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. We also reserve the right, if we feel necessary, to require written authorization as well. Know that often verbal authorization will most likely be followed up with a written authorization request by The Stress Therapist, LLC.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI. You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Cheri Augustine Flake, LCSW 3104 Briarcliff Road #98297 Atlanta, GA 30359:

1. **Right of Access to Inspect and Copy.** You have the right, which may be

restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. This may be the case with psychotherapy notes. We may charge a reasonable, cost-based fee for copies.

2. **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
5. **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, e.g., via email.
6. **Right to a Copy of this Notice.** You have the right to a copy of this notice.

CHANGES TO THIS NOTICE. We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS. If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Cheri Augustine Flake, 3104 Briarcliff Road #98297 Atlanta, GA 30359 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257.

We will not retaliate against you for filing a complaint.

The effective date of this Notice is April 14, 2003.

I HAVE READ THE NOTICE OF PRIVACY PRACTICES FOR THE STRESS THERAPIST, LLC. I AM CONSENTING TO THE USE OR DISCLOSE OF MY HEALTH INFORMATION FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

Signature of Patient or Person Authorized by Law

Date