

# Mental Health Comprehensive Services

Providing Family Stability and Developing Life Coping Skills

Last Name	First Name	Date of Birth

## HIPAA/Privacy Statement

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MENTAL HEALTH INFORMATION MAINTAINED BY *MENTAL HEALTH COMPREHENSIVE SERVICES, LLC* (MHCS) 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**

MHCS 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/counseling record that could identify you.
- *Treatment, Payment and Health Care Operations*
  - *Treatment* is when MHCS provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another mental health service provider.
  - *Payment* is when MHCS obtains reimbursement for your healthcare. Examples of payment are when MHCS 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 MHCS. 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.
- *Disclosure* applies releasing your mental health information to other parties.

### **II. Uses and Disclosures Requiring Authorization**

MHCS may use or disclose PHI for purposes outside of treatment, payment, and 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. In those instances when MHCS is asked for information for purposes outside of treatment, payment and health care operations, MHCS will obtain an authorization from you before releasing this information. MHCS will also need to obtain an authorization before releasing your psychotherapy notes. *Psychotherapy notes* are notes that your counselor has made about conversations and/or activities during a private, group, joint, or family counseling session, which are kept separate from the rest of your counseling 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) MHCS has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

MHCS may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If a child receives counseling services at MHCS, who appears to be the victim of physical or sexual abuse, MHCS must report such to the nearest law enforcement agency.
- **Adult and Domestic Abuse:** If MHCS has reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect or exploitation, MHCS is required by law to make a report to either the State of Georgia Department of Human Services, the district attorney's office, or the municipal police department as soon as MHCS becomes aware of the situation.
  - A vulnerable adult means an individual who is an incapacitated person or who, because of physical or mental disability, incapability, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him or herself from abuse, neglect, or exploitation without assistance from others.
- **Health Oversight:** If you file a disciplinary complaint against a MHCS counselor with the Georgia State Board of Examiners of Psychologists (for psychologists) or the State of Georgia Department of Health (for licensed professional counselors), they would have the right to view your relevant confidential information as part of the proceedings.
- **Judicial or administrative 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, such information is privileged under state law, and I will not release the information without written authorization from you or your personal or legally appointed representative, 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.
  - If any member of the Agency's staff is required to attend court at your or your lawyer's request, there will be a standard/hour fee billed to you for preparation time and any time spent in court.
- **Serious Threat to Health or Safety:** If you communicate to a MHCS counselor an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, MHCS has the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others.

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MHCS also has such a duty if you have a history of physical violence of which MHCS is aware, and SCS has reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

- **Workers Compensation:** If you file a workers compensation claim, you will be giving permission for the Administrator of the Workers Compensation Court, the Georgia Insurance Commissioner, the Attorney General, a district attorney (or a designee for any of these) to examine your records relating to the claim.

#### IV. Patient's Rights and Agency's Duties

##### **Patients Rights:**

- *Right to Request Restrictions* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, MHCS 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 a counselor at MHCS. Upon your request, MHCS will send your bills to another address.)
- *Right to Inspect and Copy* You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. MHCS may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, MHCS 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. MHCS may deny your request. On your request, MHCS 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 regarding you. On your request, MHCS 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 me upon request, even if you have agreed to receive the notice electronically.

##### **MHCS Licensed Professional Counselors Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will . . . [Notice must also describe how the psychologist will provide individuals with a revised notice, e.g., by mail.]

**Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how OUR PRACTICE may disclose information about you to others.**

##### **Confidentiality - HIV Antibody/AIDS Status**

- a.) The confidentiality of the following information is protected by the AIDS Act and AIDS Code:
  - 1) The identity of a person upon whom a test for HIV is performed; and
  - 2) The results of a test for HIV for an individual.
- b.) An HIV antibody or AIDS test cannot be required as a condition of treatment, and an individual cannot be required to disclose or to sign an authorization for release of information concerning his or her HIV antibody test or HIV or AIDS status as a condition of treatment.
- c.) Unless disclosure is otherwise authorized by statute and rule, no information governed by the AIDS Confidentiality Act and the AIDS Code shall be released by an organization, or by any member of its staff, to other staff members, including but not limited to the executive director, and/or to the medical director, and/or to any other person or entity, unless there is a legally effective consent or another exception in accordance with the statute and rule. Release of information which is allowed by consent or by statute and rule shall be done only to the extent provided therein.
- d.) Records which document the above confidential information shall be maintained in a separate portion of the file and be accessible only in accordance with the AIDS Confidentiality Act and Section 697.140(c) of the AIDS Code.
- e.) The organization shall have a policy regarding how and what shall be recorded if a person self-discloses HIV status during the course of treatment or if the person requires the administration of medications or other services by staff related to AIDS treatment. The policy shall protect the confidentiality of the person and protect his or her right to give consent prior to disclosure of HIV status, and shall limit disclosure to only what is necessary to accomplish the purpose of the disclosure.

Client Signature and/or Parent/Guardian		Date	
Witness Signature		Date	