**Effective 04/20/2015**

**Notice of InMind, LLC 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 INFORMTION. PLEASE REVIEW IT CAREFULLY.

*As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerned your protected health information (PHI). We understand these laws are complicated, but we must provide you with the following important information.*

**I. Uses and Disclosure for Treatment, Payment, and Health Care Operations**

Our practice is dedicated to maintaining the privacy of your individually identifiable PHI*.* Your therapist may *use* or *disclose* your 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 your therapist provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician, psychiatrist, or another health care provider.

*\* Payment* is when your therapist obtains reimbursement for your healthcare. Examples of payment are when your therapist discloses your PHI to your health insurer (i.e. diagnosis, progress, treatment plan) to obtain reimbursement for your health care or to determine eligibility or coverage.

*\* Health Care Operations* are activities that relate to the performance and operations of your therapist’s practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as appointment reminders, administrative services, and case management and care coordination.

* *“Use”* applies only to activities within your therapist’s office, clinic, practice group, etc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* *“Disclosure”* applies to activities outside of your therapist’s office, clinic, practice group, etc. such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

Your therapist may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization in obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment or health care operations, your therapist will obtain a signed authorization from you before releasing this information. Your therapist will also need to obtain an authorization before releasing your Psychotherapy Notes. *“Psychotherapy Notes”* are notes your therapist has made about your conversations during a private, group, joint, or family therapy session, which your therapist has kept 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) Your therapist has relied on that authorization for reasons necessary to your treatment; 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**

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

* *Child Abuse –* If your therapist has reasonable cause to believe that a child has been abused or neglected, your therapist must report it to the appropriate authority.
* *Adult and Domestic Abuse –* If your therapist has reasonable cause to believe that a disabled adult or elderly person has had a physical injury or injuries inflicted upon such disabled adult or elderly person, other than by accidental means, or has been neglected or exploited, your therapist must report it to the appropriate authority.
* *Health Oversight Activities –* If your therapist is the subject of an inquiry by the Georgia Composite Board of Licensed Professional Counselors, your therapist may be required to disclose PHI regarding you 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 your therapist provided to you or the records thereof, such information is privileged under state law, and your therapist will not release information 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 your therapist determines, or pursuant to the standards of your therapist’s profession should determine, that you present a serious danger of violence to yourself or another, your therapist may disclose information in order to provide protection against such danger for you or the intended victim.
* *Worker’s Compensation –* Your therapist may disclose PHI 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.
* *Military –* When active duty in the military, it is sometimes required by the military that your PHI be turned over to them. Your therapist will not do so without your signed authorization.

**IV. Patient’s Rights and Therapist’s Duties**

Patient’s Rights:

* *Right to Request Restrictions –* You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction upon your 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 therapist. On your request, you can ask that your mail correspondence be sent to another address.
* *Right to Inspect and Copy –* You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decision about you for as long as the PHI is maintained in the record. Your therapist may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, your therapist may discuss with you the details of the request and denial process.
* *Right to Amend –* You have the right to request and amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. Upon your request, your therapist 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 your PHI.
* *Right to a Paper Copy –* You have the right to obtain a paper copy of the notice from your therapist upon request, even if you have agreed to receive the notice electronically.

Therapist’s Rights

* Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of his/her legal duties and privacy practices with respect to PHI.
* Your therapist reserves the right to change the privacy policies and practices described in this notice. Unless you are notified by your therapist of such changes, however, your therapist is required to abide by the terms currently in effect.
* If your therapist revises his/her policies and procedures, he/she will provide you with a revised notice via U.S regular mail.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact Ruth Cochran, LPC, Compliance Officer at 404-210-5726

If you believe that your privacy rights have been violated and wish to file a complaint with InMind, LLC, you may send your complaint to the Compliance Officer at 404-210-5726.

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

You have specific rights under the Privacy Rule. Your will not be retaliated against for exercising your right to file a complaint.

If any revisions are made to this document, you will be notified in writing.