

NOTICE OF PRIVACY PRACTICES
Of
Cherrell D. Thomas, LPC
Helpful Therapy Center, LLC
(This notice is effective as of March 1, 2012)

THIS NOTICE DESCRIBES HOW PRIVATE HEALTH INFORMATION ABOUT YOU MAY BE UTILIZED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My practice is required by state and federal laws to maintain the privacy of certain confidential information about your medical/mental health, known as Protected Health Information or PHI, and to provide you with a notice of my legal duties and PHI privacy practices and procedures. This notice describes your rights regarding your PHI and how you may exercise your rights. This notice also describe the ways/reasons in which your PHI used and disclosed.

Uses and disclosures of PHI:

- **Treatment:** Your medical/mental health information may be used and disclosed in the provision and coordination of your healthcare. For example, this may include coordinating and managing your health care with other health care professionals. This information may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances only the least amount information necessary will be provided. Your PHI may be transferred via fax, confidential email, mobile telephone, or land line (including confidential voicemail boxes) to a hospital, health care provider, or any other person you have authorized to view your PHI.
- **Payment:** Your mental health care information will be used to develop a billing account to bill you, and with your consent to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure. Transactions also include credit card processing, depositing checks, and collecting on outstanding accounts.
- **Health care operations:** Your medical/mental health information will be used to create a secured electronic medical treatment record. This information may be used in connection with our health care operations, including quality improvement activities, trainings, licensing, policies and procedures, and obtaining legal services. Only necessary information will be used or disclosed. Therapy notes will be used only by your therapist and disclosure will occur only under these circumstances: (a) you specifically authorize their use or disclosure in a separate written authorization; or (b) the therapist who wrote the notes uses them for your treatment; or (c) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or (d) if you bring a legal action and we have to defend ourselves; and (e) certain limited circumstances defined by the law.
- **Required or Permitted by Law:** Your medical/mental health care information may be used or disclosed when I am required or permitted to do so by law or for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or to take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when a coroner is investigating the client's death; or (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight

of the health care system, government health care benefit programs, worker's compensation claims, or regulatory compliance.

- **Safety and treatment:** In life threatening emergencies the practice will disclose information necessary to avoid serious harm or death. In circumstances that we believe it is in your best interests; we may disclose your PHI to a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence).
- **Contacting the Client:** You may be contacted to remind you of appointments and to tell you about treatments or other services that might be of benefit to you. Discreet messages may be left on your answering machine or voicemail. The primary telephone for the practice is a mobile phone and therefore is accompanied by typical cellular use risks that deny an absolute guarantee of privacy.
- **Business Associates:** Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

Uses and Disclosures Requiring Your Written Authorization or Release of Information

Except as described above, or as permitted by law, other uses and disclosures of your medical/mental health information will be made only with your written authorization to release the information.

When you sign a written authorization, you may later revoke the authorization in writing as provided by law. However, that revocation may not be effective for actions already taken under the original authorization.

Your Health Information Rights

Although your health record is the physical property of the practice and the clinician that has compiled it, you have the right to:

- **Inspect and Copy:** This means you may inspect and copy most of the health information about you that we maintain. Requests are typically fulfilled within 30 days of your request. A reasonable fee may also be charged for any costs associated with printing/copying fees. There are forms to complete to request access to your PHI; these forms will be provided upon request. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your health information, you may contact the office.
- **Right to amend your record:** You have the right to ask for an amendment to your written health information. This request is typically fulfilled within 60 days you will be notified when it has been completed. The law permits denial of your request to amend your health information only in certain circumstances, like when the information you have asked to be amended is correct. If you wish to request an amendment to your health information, you should contact the office.
- **Accounting requests:** you may request an accounting of certain disclosures of your health information that may have been made in the six years prior to the date of your request. The law does not require us to give you an accounting of information that has been used or disclosed for purposes of treatment, payment, health care operations, business associates, a billing company, collection service, or a medical facility from/to which you have been transported. We are not required to give you an accounting of uses of PHI for which you have already given written authorization. If you wish to make a request, contact the practice office.
- **Restricted disclosure requests:** You can request restrictions of the uses and disclosures of your PHI. However, we are not required to agree to any restrictions you request.

- **Right to obtain paper notice of privacy practices:** You may request a hard copy of the privacy practices, with verbal consent an electronic copy can be sent to you as well. You have a right to specify the means in which you are to be contacted (re: only your mobile phone, specified address, etc...).
- **Revisions to the Notice:** We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in the practice's office.
- **Your Legal Rights and Complaints:** If you feel you have been violated, you have the right to complain to the designated personnel in the practice (Cherrell D. Thomas). You may also complain to the Secretary of the United States Department of Health and Human Services by calling (877) 696-6775 or by sending the complaint to sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201 sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services. It is the policy of the practice that there will be no retaliation for your filing of such a complaint.

If you have any questions, comments, or concerns, you may direct all inquiries to:

Privacy Officer Contact Information:
Cherrell D. Thomas
2330 Scenic Hwy, Suite 225
Snellville, GA 30078
404-409-1891

Cherrell D. Thomas, LPC

Helpful Therapy Center, LLC

Acknowledgement of Receipt of Notice of Privacy Rights

I, _____, acknowledge that I received a copy of the Practice Information and Notice of Privacy Practices for Cherrell D. Thomas, LPC.

Signature of Client or Personal Representative

Date

If not the client, please print name and state legal authority to sign for client:

Name

Legal Authority

-----For Practitioner Use Only-----

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining acknowledgement

☐ Client was incapable of signing

☐ Other (Specify) _____

Signature of Clinician

Date