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GEORGIA HIPPA NOTICE FORM

Notice of Savannah Behavioral Pediatrics, 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 INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Savannah Behavioral Pediatrics, LLC (SBP) 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 record that could identify you.
- "Treatment" is when SBP provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when SBP consults with another health care provider, such as your family physician or another psychologist.
- "Payment" is when SBP obtains reimbursement for your healthcare. Examples of payment are when SBP 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 SBP's practice. 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.
- "Use" applies only to activities within the SBP office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of the SBP office, such as releasing, transferring, or providing access to information about you or to other parties.

II. Uses and Disclosures Require Authorization

SBP may use or disclose PHI for purposes outside of treatment, payment, or 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 SBP is asked for information for purposes outside of treatment, payment, or health care operations, SBP will obtain an authorization from you before releasing this information. SBP will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your therapist may have made about conversations during a private, group, joint, or family treatment session, which have been 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) SBP has relied on that authorization; 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 Disclosure with Neither Consent nor Authorization

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

- Child Abuse - If any SBP provider has reasonable cause to believe that a child has been abused, they

must report that belief to the appropriate authority.

- Adult and Domestic Abuse - If any SBP provider has 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, they must report that belief to the appropriate authority.
- Health Oversight Activities - If any SBP psychologist is the subject of an inquiry by the Georgia Board of Psychological Examiners, they may be required to disclose protected health information 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 SBP provided you or the records thereof, such information is privileged under state law, and it 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.
- Serious Threat to Health or Safety - If your SBP provider determines, or pursuant to the standards of their profession should determine, that you present a serious danger of violence to yourself or another, they may disclose information in order to provide protection against such danger for you or the intended victim.
- Worker's Compensation - SBP may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relation to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

There may be additional disclosures of PHI that SBP is required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, SBP providers are 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 therapist. On your request, SBP 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 the SBP mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. SBP may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your SBP provider 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. SBP may deny your request. On your request, you SBP provider 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. On your request, SBP 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 SBP upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- SBP is 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.
- SBP reserves 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 SBP revises policies and procedures, SBP will provide individuals with a revised notice by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision SBP makes about access to your records, or have other concerns about your privacy rights, you may contact our office at (912) 436-6789.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 11, 2017. SBP reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that our office maintains. SBP will provide you with a revised notice by mail or email.

I acknowledge consent for use and disclosure of PHI and having read this HIPPA Notice. I may request and obtain a copy for my own records.

Patient's Name

Patient's Date of Birth

Authorized Signer

Date

Name of Authorized Signer

Relationship to Patient