



*Susan Rudnicki, Ph.D.*

**Georgia HIPAA Notice  
Notion of Privacy Practices for Protected 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 am permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operation *with your consent*. Protected health information (PHI) is the information I create and obtain in providing services to you. Such information may include documenting your symptoms, evaluation and test results, diagnoses, treatment information, and applying for future care or treatment. It also includes billing documents for such services.

**Examples of uses of your PHI for *treatment purposes*:**

- I obtain treatment identifying information about you and document it in your health record.
- During the course of your treatment with me, we determine I need to consult with another mental health professional or health care provider. In some instances I may share information as I consult with a specialist to obtain his/her opinion to inform our treatment decisions. Your identity would not be revealed under these conditions. Another example would be when I consult with your family physician or other professional involved in your healthcare. In this case, your identity would be revealed.

**Examples of use of your PHI for *payment purposes*:**

- Some psychologists disclose PHI to health insurance companies to determine eligibility or coverage or to obtain reimbursement. Because I do not participate on health insurance panels, this example typically will not apply to the psychological services you receive from me. However, if you have a billing problem and request that I contact your insurance company to provide further information to help resolve the issue, I may need to disclose your protected health information to ensure you are properly reimbursed.

**Examples of use of your PHI for *health care operations*:**

- Health care operations are activities that relate to the performance and operation of my professional practice. Examples include quality assessment and assurance procedures, business-related matters such as audits, and case management and care coordination.

### **Uses and Discloses Requiring Authorization**

I may disclose PHI for purposes outside of treatment, payment, or healthcare operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In these instances, I will obtain a signed authorization form from you before releasing this information. I will also need authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are notes I have documented about our conversation during therapy session that I keep separate from the rest of your medical records. These notes are given a greater degree of protection than PHI. You may revoke such authorization of PHI or Psychotherapy Notes at any time provided each revocation is made in writing. You may not revoke an authorization to the extent that (a) I have relied on that authorization or (b) if the authorization was obtained as a condition of obtaining insurance coverage as law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent or Authorization**

I may use or disclose PHI without your consent or authorization under the following circumstances:

1. *Child Abuse*- If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.
2. *Adult and Domestic Abuse*- If I have reasonable cause to believe that a disabled adult or elderly person has had a physical injury(ies) inflicted upon him/her other than by accidental means or has been neglected or exploited, I must report that belief to the appropriate authority.
3. *Health Oversight Activities*- If I am the subject of an inquiry by the Georgia Board of Examiners of Psychologists, I may be required to disclose PHI regarding you in proceedings before the board.
4. *Judicial and Administrative Proceedings*- If you are involved in a court proceeding and a request is made about the professional services I have provided you or the associated records, such information is privileged under state law and I will not release the information without your written consent or a court order. The privilege does not apply when you are being evaluated for a third party or when the evaluation is ordered by the court. You will be informed in advance in this case.
5. *Serious Threat to Health or Safety*- If I determine, or pursuant to the standards of my profession should determine, that you present serious danger of violence to yourself or another person, I may disclose PHI in order to provide protection for you or the intended victim.
6. *Worker's Compensation*- I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws regarding to worker's compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

## **Patients Rights**

1. *Right to request restrictions*- You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

2. *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, if you do not want a family member to know you are receiving services from me, you can request that I send your monthly statement to another address.

3. *Right to inspect and copy*- You have the right to inspect or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained and recorded. An appointment will be scheduled to review these records in my presence so that any issues can be discussed. Normal hourly and/or copying charges will apply. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. Upon your request, I will discuss the details of the request and denial process.

4. *Right to amend*- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request if you ask me to amend information that (1) was not created by me, unless the person or entity who created the information is no longer available to make the amendment, (2) is not part of the health information kept by or for me, (3) is not part of the information that you would be permitted to inspect or copy, or (4) is accurate and complete. If your request is denied, you will be informed of the reason and will have an opportunity to submit a statement of disagreement to be maintained with your records.

5. *Right to an accounting*- You generally have the right to request and receive an accounting of disclosures of PHI. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosure or uses made to you or made at your request; or uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.

6. *Right to a paper copy*- You have the right to obtain a paper copy of the current notice from me upon request.

## **Psychologist's Responsibilities/Duties**

1. I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy policies with respect to PHI.

2. 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.

3. If I revise my policies and procedures, I will provide you with a revised copy at the mailing address you provided.

**To Request Information or File a Complaint**

1. If you have questions, would like additional information, or wish to report a concern regarding the handling of your information, please contact me.
2. If you are concerned that your privacy rights have been violated or you disagree with a decision I have made about your access to your records, you may contact the Ethics Committee of the Georgia Psychological Association (1750 Century Circle, Suite 10, Atlanta, GA 30345 or 404.634.6272) or send a written complaint to the Security of the U.S Department of Health and Human Services at <http://cms.hhs.gov/hipps/hippa2/default.asap>.
3. I cannot require you to waive the right to file a complaint with the Department of Health and Human Services as a condition of receiving my professional services. I will not retaliate against you for filing such a complaint.

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