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## NOTICE OF PRIVACY PRACTICES

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

### **Health Insurance Portability and Accountability Act**

The privacy of the information you share with your psychotherapist is very important to the success of your therapy. A psychotherapist is committed to protecting this information so that you can benefit from a safe relationship in which to accomplish your goals. Your psychotherapist is committed to not disclosing your information to others unless you authorize him/her to do so, or unless s/ he is required by law to do so. A federal law commonly known as HIPAA requires that health providers who transmit client information via computers take certain steps to inform their clients about how they may use information that is gathered in order to provide services to their clients. Your psychotherapist is adopting the "Privacy Practices" required under HIPAA. To implement these privacy practices, your psychotherapist is providing you with the attached Notice of Privacy Practices, and is requesting that you sign the provided written acknowledgement that you have received a copy of this notice. The notice describes how your psychotherapist may use and disclose your protected information in the course of providing his/her services. The notice also describes your rights regarding this information and a brief description of how you may exercise these rights. If you have questions about this notice, you may contact your psychotherapist at the number s/he will provide you, or discuss this with him/her in one of your sessions.

Georgia Notice Form

Notice of Psychotherapist 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.**

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes without your consent. To help clarify these terms, here are some definitions:

II. **“PHI”** refers to information in your health record that could identify you. It includes, but is not limited to, information about your diagnosis, symptoms, and treatment plan as well as dates of service and the fees you are charged. “Treatment, Payment and Health Care Operations”

**Treatment** is when I provide, coordinate, or manage your health care and other services related to your health care. An example would be when I consult with another health care provider, such as your family physician or another psychotherapist.

**Payment** is when I obtain reimbursement for your health care. Examples of payment are when I disclose 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 my practice. Examples of health care operations are quality assessment and improved activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties. “Consent” is a general permission given to me at the outset of treatment by signing the "Consent for Treatment" form that I will provide.

### **Uses and Disclosures Requiring Authorization**

I 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 I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I'll also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made

about our conversation during a private, group, joint, or family counseling session, which I have 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) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

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

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

Child abuse - If I have reasonable cause to believe that a child has been abused, I must report that belief to the appropriate authority.

Adult and Domestic Abuse - If I have 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, I must report that belief to the appropriate authority.

Health Oversight Activities – If I am the subject of an inquiry by the Georgia Board of Psychological Examiners, I 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 I provided you or the records thereof, such information is privileged under state law, and I will not release information without your written consent or a court order. 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 I determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.

**IV. Workers' Compensation** - I may disclose Protected Health Information regarding you as authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault

## **Clients' Rights and Psychotherapists' Duties**

### **Clients' Rights**

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.

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 me. On your request, I 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. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I 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. I may deny your request. On your request, I 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, I 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.

### **Psychotherapists' Duties**

I am required by law to maintain the privacy of PHI and to provide you with the 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 provide a revised copy in writing in person, electronically, or by mail.

#### V. Complaints.

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me by mail or in person for further information.

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

VI. Effective Date, Restrictions, and Changes to Privacy Policy. This notice will go into effect on September 22, 2011.

I reserve the right to change the terms of this notice. I will provide you with a revised notice, in writing, in person, electronically, or by mail.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**