



Peachtree Family Psychiatry Clinic  
1720 Peachtree Street NW, Suite 320  
Atlanta, Georgia 30309

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: Sept 2014

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

If you have any questions about this notice, please contact:

Phone: 404-249-8496

### PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Peachtree Family Psychiatry Clinic, Inc. (PTFPC) understands that protected health information about you and your mental health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by PTFPC, whether made by PTFPC, our personnel, or any related professional from whom we have received information.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- Make sure that protected health information that identifies you is kept private;
- Notify you about how we safeguard protected health information about you;
- Explain how, when and why we use and disclose protected health information;
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- Posting the revised Notice in our office
- Making copies of the revised Notice available upon request

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that PTFPC or an office assistant may use and disclose protected health information without your written authorization.

- For Treatment. PTFPC and Staff may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment, or to call and reschedule an appointment, at the office of PTFPC. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.



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For Payment for Services. We may use and disclose protected health information about you so that the treatment and services you receive at the office of PTFPC may be billed to you and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your treatment information about services you received by PTFPC so your mental health plan will pay us or reimburse you for the service. We may also tell your health plan about the services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose protected health information about you for PTFPC for business operations, such as filing, organizing and managing client information. These uses and disclosures are necessary to run this office and make sure that all of our patients receive quality care. Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facility.

As Required By Law. We will disclose protected health information about you when required to do so by federal, state or local law.

Health Risks. We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_