



Expansion Counseling Services

Valley Drive Suite G-3 ♦ Roswell, GA 30076

770.910.9162 (o) ♦ 770.910.9768 (f)

Email: admin@expansioncounselingservices.net

The Health Insurance Portability and Accountability Act (HIPAA)

The primary goal of this law is to make it easier for people to keep health insurance, and help the industry control administrative costs. This statement of our rights covers Title II of the act and was put into effect on April 14, 2003. The goal for the privacy rule under HIPAA provides protection for all clients.

The following statements are to explain your rights as a client/employee of Expansion Counseling Services, LLC under HIPAA.

1. All files and other documentation containing and of your private and confidential information will be maintained in a secure location at all times.
2. All staff members, student interns, and volunteers at Expansion Counseling sign confidentiality agreements that maintain that all information regarding clients will be held in confidence and that all individuals are personally liable for any violation for this agreement.
3. Clients referred by the Department of Family and Children Services should note that the Department of Human Services and the Division of Family and Children Services are **business associates** with Expansion Counseling Information regarding your case is shared with **business associates** and confidentiality with regards to the Department of Family and Children Services is limited.
4. You have the right to review your file at any time. Please note if a client is referred to our agency by the Department of Family and Children Services for and evaluation, assessment, homestead therapy, or wraparound services, all records, notes and evaluations are considered the property of the Department of Family and Children Services and may only be released by the country that holds those files.
5. Expansion Counseling maintains assurance for all **business associates** that private information will be appropriately safeguarded. You have the right to review **business associates** agreements held at the offices of Expansion Counseling Services, LLC.
6. Your identifiable information may not be released by Expansion Counseling Services, LLC. To any other than a **business associate** without your prior written consent. Identifiable information includes: your name, social security number, Medicaid number, insurance information, address, phone number, dates of services, and treatment records.
7. Permitted disclosures that may not require written consent include:
 - To you the individual
 - For payment, treatment, and health care operations
 - For public policy
 - As required by law
 - For public health
 - About victims of abuse, neglect, or domestic violence
 - For judicial and administrative proceedings
 - For law enforcement excluding substance abuse treatment notes
 - Information about decedents



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- To avert a serious threat to healthy and or/ safety
- 8. Authorization is required for disclosures not permitted by the Privacy Rule. Authorization must have an expiration and statement that is recoverable.
- 9. You may request a copy of your file at any time. Requests must be made to be in writing. Copies will be made within thirty days after the receipt of written request. Copies are charged at .75 per page payable upon delivery. Exceptions to this standard are: clients referred by the Department of Family and Children Services where the Department is a **business associate**. These clients must request copies of their files through the country of Department of Family and Children Services office.
- 10. Upon reviewing copies of your record, you may request, in writing, to an amendment to your file. Requests are to be submitted to the Administrative Director at Expansion Counseling Service, LLC. We have exactly sixty days from the receipt of the request to respond in writing to your amendment request. Amendments may be or you will receive a denial to your request with an explanation.
- 11. You have the right to an accounting of all disclosures made by Expansion Counseling Services, LLC. Of your private health information on the six years or less prior to the date requested.

12. Complaints with the regards to your privacy rights may be made to the following:

Expansion Counseling Services, LLC	Clinical Director	770.910.9162
Expansion Counseling Services, LLC	Executive Director	770.910.9768-Fax

13. Complaints will be received and submitted to the Continuous Quality Improvement committee. A response to all complaints **will** be made within 60 days or receipt. Complaints may also be made to:

Department of Health and Human Services, Office of Civil Rights
200 Independence Ave. SW
Washington, DC 20201
Toll free (877) 696-6775

14. You have the right to confidential communications between yourself and Expansion Counseling Service, LLC.

I understand my rights under HIPAA.

Signature:

Date: