

HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT

NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Ralph D. Boynton, Ph.D.

We want you to know that nothing is more central to our operations than maintaining the privacy of your health information ("Protected Health Information" or "PHI"). PHI is information that relates to your past, present, future health condition; the provision of your health care; or the past, present, or future payment for the provision of that healthcare; and that identifies you or that could reasonably be used to identify you.

We are required by federal and applicable state law, regulation and other authorities to provide you with this Notice. These practices are required to protect the confidentiality of your PHI, and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written or electronic. This Notice describes how we may use and disclosed your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI.

We reserve the right to change the terms of this Notice at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting room. Upon request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We use PHI about your treatment (diagnostic testing, prescription, referral, etc.) to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.), and for administrative purposes (reporting, utilization management, quality improvement and surveys, etc.) We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We may provide information when otherwise required by law. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information you can later revoke that authorization to stop any future uses and disclosures.

INDIVIDUAL RIGHTS

You have the right to look at, get a copy of PHI about you that we use to make decisions about you. If you request copies, we will charge you \$0.05 (5 cents) per page. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information. You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person below. You also may send a written complaint to the United States Department of Health and Human Services. The person listed below can provide you with appropriate address upon request.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions, please contact your Therapist or Candy Haynes, Office Manager, 1115 Upper Hembree Road, Suite B, Roswell, GA 30075, (770)-754-6101. My signature below acknowledges that I have been provided an opportunity to review the Notice of Privacy Practices.

Signed _____

Date _____