

DUI Services 差 Mental Health 🖄 Addiction Recovery 🛣 Evaluations

Stephanie Higdon LCSW, CAADC GA License: CSW006035 | ADACBGA: CAADC # 0257 | DUI CE & TP # 3154

Notice of Privacy Practices & Confidentiality Of Protected Health Information (As Outlined from 'HIPAA' & 42 CFR Part 2 Legislative Documents)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) (MEDICAL INFORMATION ABOUT YOU AND ANY ASSOCIATED FAMILY) THAT MAY BE USED AND / OR DISCLOSED OR OTHERWISE PROTECTED BY MINDING YOU THERAPEUTIC COUNSELING & ADDICTION RECOVERY SERVICES / STEPHANIE HIGDON, LCSW, CAADC. THIS NOTICE ALSO DETAILS HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

This notice of privacy practices relates to personal information that may specifically identify you and/or your associated family and that relates to any past, present, and/or future physical, mental health, and/or related health care or services. This type of information discussed here after will be referred to as "PHI". PHI may include, but is not limited to: case notes, medical records, legal documents, intake forms, referral notes, notes taken during sessions, third party documents, assessments, evaluation reports and summaries of other services and other miscellaneous items you may sign.

Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC is a Limited Liability Corporation in the state of Georgia that provides substance abuse recovery services, addiction treatment, and mental health therapy related services to the greater North Georgia communities. These services deal directly with confidential information. Both federal and Georgia state laws have established strict requirements for many programs and established contracts regarding the disclosure of confidential information. Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC complies with all applicable laws known by their company. For situations when more stringent disclosure requirements <u>do not apply</u>, this Notice of Privacy Practices describes how Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC may potentially use and disclose any Protected Health Information (PHI).

1. <u>USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT</u> <u>PATIENT CONSENT:</u>

Any PHI directly or indirectly obtained from you or other sources may or may not be used by Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC for providing ongoing mental health services to you. This is what is considered as your PHI. PHI is also routinely requested by other parties in order to ensure proper mental health treatment and / or coordinate care. The following is an outline as to times and reasons when PHI may be disclosed **without** your written or verbal consent:

a. Treatment: If you are a threat to yourself and mentally or emotionally unable to care for or protect yourself. Limited information will be provided / protected as much as possible while still ensuring your personal safety needs are met.

140 Courthouse Square | P.O. Box 809 | Danielsville, GA 30633

😤 www.mindingyou.net 😤

MINDING YOU

- **b. Payment:** Your PHI or that of your associated youth may be used to obtain payment for services when requested by insurance companies for verification of services and auditing or evaluating purposes.
- **c. Health Care Operations:** to support the business activities of this company, but not limited to, health oversight agencies, researchers (which may include identifying information), public health authorities, quality assessment activities, employee review activities, training, licensing, and other business activities.
- **d.** Medical Emergency: a life or death type situation that may occur on property or nearby area and when your emergency contact cannot be reached.
- e. Authorized / Required by a Court Order: This is not a subpoena; a subpoena does not require or for the release of any PHI without consent. This stipulating is referring to any order of a State or Federal Court System, signed by a Judge, to release or discuss specific case information.
- f. Report Suspected or Confirmed Child Abuse or Neglect: As stated
- **g. Report a Crime:** If a Minding You worker perceives or if you make a serious threat to harm or commit a crime against someone else, against this program, or against program personnel, or other known parties, your identify will be disclosed upon making a report with the appropriate legal authorities.

2. <u>USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR</u> <u>CONSENT:</u>

PHI is routinely needed and requested by third party family, legal, medical, mental, community and judicial entities in order to ensure proper mental health treatment, compliance, ongoing needs, and to coordinate care. Releasing information to these entities is an example of when your written consent *IS* required for PHI to be released by Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC. Specifically, your PHI may only be obtained from or released to these other parties with your written consent for the following reasons:

- **a. Treatment:** PHI may be provided in effort to coordinate or manage your mental health services; This includes coordination with a third party such as other health care professionals who may be treating you and/or a health care specialist or laboratory.
- b. Third Parties: PHI may be disclosed to a court of law, to a family member, relative or any other persons you identify through a signed Consent for Release of Protected Information. You can agree or object to the use and/or disclosure of all or part of any PHI. Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC may only use and/or disclose the most necessary and limited PHI to a court of law, to a family member, relative or other persons you identify through a signed Consent for Release of Protected Information, if we do not feel it is in your best interests. You can agree or object to the use and/or disclosure of all or part of any PHI.
- **c. Revocation:** You may revoke any such consent for a release of information at any time in writing to Stephanie Higdon at the Minding You office.

👻 www.mindingyou.net 😤



NOTE: In cases where Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC provides services at the request of a third party such as the Department of Family and Children Services and/or the Department of Probation and Parole, etc. your consent for a coordination of care and disclosure of specific information / PHI may be obtained either through the referring agency and / or Minding You

3. CLIENT RIGHTS

The following is a statement of your rights with respect to releasing or disclosure of PHI. This also includes a brief description of how you may exercise these rights:

a. You have the right to inspect and receive a copy your Protected Health Information.

Upon written request, you may inspect and obtain a copy of PHI for as long as Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC maintains the PHI. Certain information is exempt from this right of access: Psychotherapy notes (excluding: medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date), information prepared for use in court or administrative proceedings or information that may be subject to or exempt from CLIA provisions. All records are maintained for a minimum of 7 years but may not be readily accessible upon your request to review. This may require an additional 30 days for processing. You will receive a response to all written requests within 30 days but may not receive your documents for 60 days. A fee of \$.25 per page for copying, postage, and labor expenses will apply. Under federal law, you may not inspect or copy information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. The release of PHI is subject to a federal and/ or state laws prohibiting access to such information for such purposes.

b. You have the right to request restriction of your Protected Health Information.

You may ask in writing that Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC not use or disclose any part of any PHI for the purposes of treatment, payment or healthcare operations, and not disclose PHI to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC is not required to agree to a restriction that you request. Should we believe it is in your best interest to permit use and disclosure of the specific PHI, the PHI will not be restricted, except as required by law. If Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC does agree to the requested restriction, Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC may not use or disclose any PHI in violation of that restriction unless it is needed to provide emergency treatment.

c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

During the intake process, you will complete and sign a Communication Form. Please indicate on this form of your preferences for communication outside of your sessions. Upon written request, Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC will consider reasonable requests for alternative communication and for discussing confidential information if needed. We reserve the right to condition this accommodation upon your provision of an alternative address or other method of contact. Minding You Therapeutic Counseling & Addiction Recovery

140 Courthouse Square | P.O. Box 809 | Danielsville, GA 30633

E www.mindingyou.net

MINDING YOU

Services / Stephanie Higdon, LCSW, CAADC will not request an explanation from you as to the basis for the request.

d. You have the right to request amendment of any Protected Health Information.

You may request in writing an amendment of some parts of your PHI for as long as it is maintained by Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC. If an amendment is denied specific steps must be taken that are described in detail in the original HIPAA and 42 CFR part 2 Documents.

e. Upon written request, you have the right to receive legally specified information regarding disclosures subject to certain exceptions, restrictions and limitations.

Upon written request, you have the right to receive legally specified information regarding disclosures of your PHI. This right is excluding any disclosures Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. The information you may receive is subject to certain exceptions, restrictions and limitations.

f. If your involvement in counseling or for an assessment is based on a referral from the Department of Family & Children Services, or any other such governmental entity, then parts of your PHI may be shared with that referring agency (with a release of information is signed).

When a third party makes both the referral and has fiduciary responsibility for making payment for services rendered, the referring agency may request that case notes and documentation be shared with that agency. Any release of notes and documentation will be redacted to limit any third-party disclosures and to limit infections disease issues as well as other psychotherapy notes and their exclusions as outlined in 2a. The documents released may include any of the issues presented that specifically impact why your case was referred in the first place. These notes may also document steps you are taking to resolve these issues. This sharing with the referring agency is the only exception to the Notice of Privacy Practices that protects your rights under the Health Insurance Portability and Accountability Act (HIPAA). Confidentially disclosed personal information of you or of a second or third party that you may share during counseling sessions will not be disclosed to any entity regardless of a release being signed.

g. You will be offered and may receive a paper copy of this notice at intake or anytime thereafter:

Upon your intake you will be asked to read and attest to understanding and asking any necessary questions, then sign a copy to be maintained in your case record.

4. <u>ISSUES AROUND CASE RECORDS, USE OR DISCLOSURE OF PROTECTED HEALTH</u> <u>INFORMATION OR OF CLIENT RIGHTS</u>

a. Protection of client records and all other PHI or case related documents

All hard copy documents and handwritten psychotherapy notes are kept in the case record which is maintained in a locked filing cabinet at the Minding You office, located at 140 Courthouse Square, Danielsville GA 30633. All documents that are not kept in a hard copy format are scanned and uploaded into a HIPAA compliant, secure "cloud" that is password protected upon each login.

140 Courthouse Square | P.O. Box 809 | Danielsville, GA 30633

🖄 <u>www.mindingyou.net</u>



b. Staff Limitations to Accessing Records and PHI:

Any interim or employed Minding You staff that is working on the premise to assist with administrative work will only have access to financial and accounting issues related to your case.

c. Questions / Concerns regarding compliance with this document and the policies outlined herein:

Any questions regarding the privacy rules and protection of PHI, or the policies around these legislative documents, may be directed to: Stephanie Higdon, LCSW CAADC, owner and operator as well as secretary and administrator or send your concerns to the entity listed in the next section.

d. Violations:

If you believe that your health information privacy rights associated to your services have been violated, you are encouraged to express your concerns by calling or filing a formal complaint about any HIPAA or 42 CFR part 2 violation to the address below. Minding You Therapeutic Counseling & Addiction Recovery Services / Stephanie Higdon, LCSW, CAADC will not retaliate against you for doing so.

Roosevelt Freeman, Regional Manager Office for Civil Rights U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S.W. Atlanta, GA 30303-8909 Voice Phone (800) 368-1019



DUI Services 🛣 Mental Health 🏝 Addiction Recovery 🛣 Evaluations

Stephanie Higdon LCSW, CAADC

Acknowledgement of Receipt of Privacy Practices Notice

I hereby acknowledge that I have received or have been given the opportunity to read a copy of Minding You's Notice of Privacy Practices which provides detailed HIPPA and CFR 42 Part 2 protection rights of PHI. I understand that if I have questioned regarding this notice or my privacy rights, I can contact Stephanie Higdon, LCSW, CAADC at 706-795-0056 or stephanie@mindingyou.net.

Client / Guarantor Signature

Date

Therapist, Stephanie Higdon, LCSW, CAADC Date