Brenau Center for Counseling & Psychological Services

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW COUNSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

Protecting Your Personal and Health Information

The Brenau Center for Counseling and Psychological Services (BCCPS) is committed to protecting the privacy of patient personal and health information. Applicable Federal and State laws require us to maintain the privacy of our patients' personal and health information. This Notice explains our clinic's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income or other financial information. We will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect June 1, 2004 and will remain in effect until replaced.

How We Protect Your Health Information

We protect your health information by:

Treating all of your health information that we collect as confidential.

Stating confidentiality policies and practices in our clinic staff handbooks, as well as disciplinary measures for privacy violations.

Restricting access to your health information only to those clinical staff who need to know your health information in order to provide our services to you.

Only disclosing your health information that is necessary for an outside service company to perform its function on the clinic's behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.

Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

1 BCCPS: HIPPA form 2014 Last Updated: 12/14/2011

Uses and Disclosures with Neither Consent nor Authorization

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

. – If we have reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, the Clinic must report this concern or observations related to these conditions or circumstances to the appropriate authorities.

. — If the Georgia Board of Psychological Examiners is investigating a clinician that you have filed a formal complaint against, the Clinic may be required to disclose protected health information regarding your case.

If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. The Clinic will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered.

A If you communicate to clinic personnel an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If we have reason to believe that you present a serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.

The Clinic may disclose protected health information regarding you as authorized by, and to the extent necessary, to comply with laws relating to worker's compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

 γ - We may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

_____Under certain limited circumstances, we may use and disclose health information for research purposes. All research projects, however, are subject to an institutional review board.

Patient's Rights and Psychologist's Duties Patient's Rights:

You have the right to request additional restrictions on certain uses and disclosures of protected health information. The Psychology Clinic may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

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 being seen at the Clinic. On your request, the Clinic will send your bills to another address.)

The Clinic and University reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, the Clinic is required to abide by the terms currently in effect.

Other Restrictions

The BCCPS must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment