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## HIPPA Notice Form

### **Notice of Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA), Georgia & North Carolina State Laws.**

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

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

1 Alliance Counseling & Psychotherapy Services, LLC and its agents may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

1. "PHI" refers to information in your health record that could identify you.
2. "Treatment, Payment and Health Care Operations"
  - Treatment is when your health care provider provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your health care provider consults with another provider, such as a family physician or another psychologist.
  - Payment is when your health care provider obtains reimbursement for your healthcare. Examples of payment are when your health care provider discloses your PHI to your health insurer to obtain reimbursement for your health care provider or to determine eligibility for coverage.
  - Health Care Operations are activities that relate to the performance and operation of the practice of 1 Alliance Counseling & Psychotherapy Services, LLC.
3. "Use" applies only to activities within the health care provider practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
4. "Disclosure" applies to activities outside of the health care provider's practice such as releasing, transferring, or providing access to information about you to other parties.

#### **Uses and Disclosures Requiring Authorization**

1 Alliance Counseling & Psychotherapy Services, LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operation when your appropriate authorization is obtained. An "Authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your health care provider is asked for information for purposes outside of treatment, payment or health care operations, your health care provider will obtain an authorization from you before releasing this information. 1 Alliance Counseling & Psychotherapy Services, LLC will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your health care provider



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has made about conversations with you during private, group, joint, or family counseling sessions. These are kept separate from the rest of your medical record and are given a greater degree of protection than PHI. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your health care provider has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides that the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization**

Your health care provider may use or disclose PHI without your consent or authorization in the following circumstances:

1. Suspected child abuse or dependent (vulnerable) adult or elder abuse. (The therapist is required by law to report this to the appropriate authorities immediately)
2. If a client is threatening serious bodily harm to another person or persons. (The therapist must notify the police and inform the intended victim)
3. If a client intends to harm himself or herself or lacks the capacity to care for him or herself. (The therapist must make every effort to enlist the client's cooperation in ensuring their safety. If the client does not cooperate, further measures must be taken without the client's permission in order to keep the client safe, i.e. calling 911.)
4. Prenatal Exposure to Controlled Substances. (Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.)
5. Judicial and Administrative Proceedings- where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed in the course of that action.
6. When there is a valid court order for the disclosure of client files. (This is very rare and will be reviewed by our attorney before handing anything over to the courts.)
7. To comply with laws relating to workers' compensation and similar laws.
8. Health Oversight Activities: If provider is subject of an inquiry by the Georgia Board of Psychological Examiners or North Carolina Board of Licensed Professional Counselors (NCBLPC), provider may be required to disclose protected health care information regarding you in proceedings before the Board.
9. Other uses and disclosures of PHI not described in this notice will be made only with your authorization.

### **Patient's Rights**

1. Right to Request Restrictions - You have the right to request restrictions for certain uses and disclosures of protected health information but we are not required to agree to a restriction at your request. However, we will comply with a restriction request if (except as otherwise required by law); the disclosure is to a health plan for purposes of carrying out payment or health care operations and (2) the PHI pertains solely to a health care item or service for which you or another person has paid us, in full, out-of-pocket.



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2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and alternative locations. (i.e., you may not want your family member or roommate to know that you are seeing a therapist. On your request, we will leave messages at an alternative location or bill to another address.)
3. Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI in your health care provider's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your health care provider may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and the denial process.
4. Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
5. Right to be Notified of a Breach - You have the right to be notified in the event that we discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.
6. Right to a Paper Copy - You have the right to obtain a paper copy of the notice from this office upon request, even if you have agreed to receive the notice electronically.
7. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

### **Complaints**

If you have questions about this notice, disagree with a decision this office makes about access to your records, or have other concerns about your privacy rights, you may contact this office at 678-310-6631 GA, or 336-567-3001 NC. If you believe that your privacy rights have been violated and wish to file a complaint with this office, you may send your written complaint to 1 Alliance Counseling & Psychotherapy Services, LLC at 5755 North Point Parkway Suite 101 Alpharetta GA 30022. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services and we can provide you with the appropriate address upon request.

### **Effective Date, Restrictions, Changes to Privacy Policy**

This notice went into effect on February 12, 2018. This office reserves the right to change the terms of this notice, make restrictions or limitations, and make the new notice provisions effective for all PHI. If this occurs we will notify our clients.

I have read and received a copy of the HIPPA NOTICE - Notice of Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Georgia & North Carolina State Laws

Print Name

Client / Representative Signature

Date