

Anna Walker Dodd, MS, LPC
659 Auburn Ave. NE, # 256
Atlanta, GA 30312
404-966-6019

NOTICE OF PRIVACY PRACTICES
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A INTRODUCTION TO CLIENTS

This notice will explain to you how I handle information about you. It discusses how I use this information and the circumstances under which I may share it with others.

I want you to know about this so that you can make the best decisions for yourself and your family. Also, I am required to tell you about my privacy policy because of certain privacy regulations in a federal law, **The Health Insurance Portability And Accountability Act Of 1996 (HIPAA).**

My policy is often more stringent and protective of your privacy than HIPAA or Georgia law requires. As a result, I hold myself to a higher standard than does the law.

Let me give you an example. HIPAA allows me to discuss your information with your insurance company or family doctor **without** your permission. I have never done this and never will. However, there is one exception about which you should be aware. I consult with other mental health professionals, including psychiatrists, psychologists and other masters-level therapists, for the purpose of receiving quality clinical supervision, on a periodic to regular basis. I consult to discuss the best therapeutic approach to the services I provide. The information disclosed at such times is the least amount to get the job done, and with as little identifying information as possible. Such consultation is referred to (in the law) as "treatment." This practice of consultation among healthcare professionals is authorized by the HIPAA law and has been standard ethical practice for decades.

If you have any questions or want to know more about my privacy policy, please let me know at any time. I am always willing to answer your questions and discuss your concerns regarding the privacy of any information I have about you.

According to the law, I am referred to as the privacy officer of this practice.

B PRIVACY AND THE LAWS ABOUT PRIVACY

My personal and professional integrity, the ethics of my profession, and the HIPAA law all require me to keep your PHI private. The HIPAA law requires me to give you this notice of my legal duties and privacy practices. This notice is called the **Notice Of Privacy Practices (NPP)**.

I have obeyed the dictates of my personal and professional integrity, as well as the ethics of my profession, since I began practicing. I have obeyed the HIPAA law since its effective date of April 14, 2003.

C WHAT YOUR “MEDICAL INFORMATION” MEANS

Each time you visit me I will collect information about you, your physical and/or your mental health. It may be information about your past, present, or future health or conditions. It may include information about the services you have received from others. Such information is called (in the law) PHI which stands for protected health information.

This information goes into my healthcare record about you. The following list is to give you an idea of the kinds of PHI that I might have about you. Also, there may be other similar items.

- Your history: as a child, in school and at work, your marital and personal history,
- Reasons you came to see me, your problems, concerns, symptoms, needs and goals,
- Diagnoses,
- Psychotherapy progress notes: Each time you come in, I will write down things that you share with me;
- Records I have received from others who saw and/or evaluated you,
- Psychological test scores, school records, etc.,
- Information about medications you took or are taking,
- Legal matters such as divorce or custody arrangements,
- Insurance information,
- Addictions or problem behaviors you tell me about

D HOW YOUR MEDICAL INFORMATION IS USED

I use this information for many purposes. For example:

- to review prior sessions to refresh my mind about your progress.
- to consider how well your psychotherapy is progressing.
- to help you understand test scores.
- to prepare an insurance form if you request it.
- to assist me if you wish to authorize me to discuss your PHI with another person.
- to document your sessions with me.

There probably will be other related uses. I believe that when you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

E PROCEDURE TO ACCESS OR AMEND YOUR INFORMATION

By law, your health record is my physical property as your healthcare practitioner, however, the “information” in it belongs to you.

You can inspect, read, or review it **under certain circumstances**. In some situations you may not see all of what is in your records. If this becomes the case, I will discuss the situation with you and, perhaps, write you a summary of the information that you cannot see.

If you want a copy of information I agree to let you see, I will make one for you. There is an administrative charge for the costs of copying and mailing. If you ask me to write a summary of the information you can not see, you may be charged a fee for the service. If you are charged, you will be informed of the fee before the summary is prepared.

If, upon review, you find anything in your records that you think is incorrect, or if you see something important is missing, you can ask me to amend (add information to) your record. I may or may not agree to amend your record. In no case will any information be deleted. Once again, if this happens, we will discuss the situation and try to resolve your concern in a fashion acceptable to us both.

F HOW YOUR PROTECTED HEALTH INFORMATION (PHI) IS USED AND WHEN IT IS DISCLOSED

When your information is read by me and/or applied to your psychotherapy, it is called (in the law) “**use**”.

If the information is shared with or sent to others, it is called (in the law), “**disclosure**”.

The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

The reason I need information about you and your condition is to provide services for you. In order to receive services from me, your agreement for my collection and use this information is necessary. The new HIPAA law requires that you sign the consent form, Consent to Use and Disclose Information, before I can provide services to you.

When you come to see me, I will be the only person who will collect information about you and all of it will go into your healthcare records.

I use and disclose PHI for only two broad reasons unless the law permits or requires me to make a use or disclosure without your authorization, which I will discuss in section H below.

The first reason is to provide services to you. The second reason is to prepare an insurance claim form, if you request it and have a diagnosed mental health disorder according to the DSM IV-tr. I may do this to help you obtain reimbursement from an insurance company for payments you have made to me. I do not accept payments from insurance companies.

After you have read this notice you will be asked to sign a separate **consent form**. Beyond that, without your authorization your PHI will only be used and disclosed as noted above and in part H below.

G USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

If you wish me to use or disclose your PHI to a particular party for a particular reason, you will need to complete an authorization form. I will provide you with the form when you request it. We will discuss such use or disclosure in detail in order to avoid misunderstanding.

If you do authorize me to use or disclose your PHI, you can revoke (or cancel) that permission, in writing, at any time. Once again, I have a form for that purpose and will provide it when you ask. After that time, I will not use or disclose your information for the purposes we originally agreed. Of course, I cannot take back any information I have already disclosed with your permission.

Except in some special circumstances, when I disclose your PHI to others, I only share the “**minimum necessary**” PHI needed for the purpose.

H POTENTIAL USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT OR AUTHORIZATION

The laws let me, and in some cases require me, to use and disclose some of your PHI without your consent or authorization in some situations.

When disclosure is required by law:

There are some federal, state, and local laws which require me to disclose PHI.

- I must report actual or suspected child or elder abuse.
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some or all of your PHI. I *only* do that after trying to tell you about the request, and/or consulting your lawyer, and/or trying to get your attorney to obtain a court order to protect the information that has been requested. This is usually referred to as your right to “privileged communication.”
- I have to disclose information to governmental agencies which check on me to see that I am obeying the privacy laws.

For law enforcement purposes:

I may release PHI if asked to do so by a law enforcement official to investigate a crime or criminal. If I become aware of a threat of criminal activity, I must report such information to the authorities.

For public health activities:

I might need to disclose some of your PHI to agencies which investigate diseases or injuries.

To prevent a serious threat to health or safety:

If I come to believe there is a serious threat to your health or safety, or that of another person, or the public, I can disclose some of your PHI. A "serious threat" would include suicide and homicide. I would disclose this to appropriate law enforcement, health, or public safety authorities.

Emergency:

If there is an emergency and I cannot ask if you disagree, I may share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can. If you do not approve, I will stop, as long as it is not against the law.

I CONFIDENTIALITY REGARDING MINORS

Confidentiality with regard to psychotherapy is a special topic when the client is a minor. As a result, it is my practice to consult with custodial parents or care-givers before therapy begins, in order to be certain that an understanding is reached on this delicate issue.

On one hand, parents must understand that a child's therapy is a special time when a trusting relationship develops. In order to respect your child's privacy, I will not usually share specifics of the sessions. I may share with you areas of strength and concern. I will provide general feedback and recommendations, which I feel are relevant and important for you to know. You do have my assurance that if there is anything that you need to know, I will tell you immediately.

Your support and involvement in the therapeutic process is very important. I have information explaining the techniques I use in therapy. I suggest that you arrange with me to get the information needed to increase your awareness of these modalities.

J AN ACCOUNTING OF DISCLOSURES I HAVE MADE

When I disclose your PHI I keep records of who I disclosed it to, when I disclosed it, and what I disclosed. You can obtain an accounting of disclosures by asking me for the form to complete, requesting such an accounting.

K IF YOU HAVE PROBLEMS OR QUESTIONS

If you need more information or have questions about the privacy practices described herein, please speak to me. I am the privacy officer of my practice (as defined by the law). If you have a problem or concern about how I have handled your PHI or you believe that your privacy rights have been violated, I want to discuss it with you.

You also have legal rights under the law and may choose to file a formal complaint with me and/or with the secretary of the federal department of health and human services. I promise that I will not in any way limit your care or take any actions against you if you complain.

The privacy of your records is a very serious matter. As a result, my standards are very high. I am most happy to discuss the subject with you at any time to answer questions, provide clarification, or to discuss any issue which comes to your attention.