



## **Notice of Vision Counseling & Consulting, LLC Practices to Protect the Privacy of Your Health Information**

Vision Counseling & Consulting, LLC understands that medical information about your health is personal. We are committed to maintaining the privacy of your protected health information ("PHI"), which includes your medical and/or mental health condition and the care and treatment you receive from Vision Counseling & Consulting, LLC. It may include family PHI as well. We create a record of the care and services you receive at or from Vision Counseling & Consulting, LLC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice details how the PHI included in your record may be used and disclosed to third parties to carry out treatment, payment for your treatment, day-to-day business activities (therapeutic care operations as defined below) of Vision Counseling & Consulting, LLC, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

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

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help you understand these terms, here are some definitions:

- a. "PHI" refers to information in your health record that could identify you
- b. "Treatment, Payment and Health Care Operations"
  1. Treatment is when we provide, coordinate or manage your health care and other services related to well-being. An example of treatment would be when we consult with another health care provider, such as your physician or another therapist.
  2. Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  3. Health Care Operations are activities that relate to the performance and the operation of Vision Counseling & Consulting, LLC. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- c. "Use" applies only to activities within Vision Counseling & Consulting, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you
- d. "Disclosure" applies to activities outside of Vision Counseling & Consulting, LLC, such as releasing, transferring, or providing access to information about you to other parties

**II. Uses and Disclosures Requiring Authorization:**

- We may use or disclose PHI for purposes outside of treatment, payment, and health care operations 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 we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record, or chart. These notes are given a greater degree of protection than PHI. You, or in the case of a juvenile, your guardian may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures with Neither Consent nor Authorization:**

- We may use or disclose PHI without your consent or authorization in the following circumstances.
  - Child Abuse: If a child comes before an employee of Vision Counseling & Consulting, LLC, in their professional capacity, whom they have reasonable cause to suspect is an abused or maltreated child, or if the employee has reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before the staff person in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, the staff person must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.
  - Health Oversight: If there is an inquiry or complaint about our professional conduct to the Georgia State Board for Psychology, we must furnish to the Georgia Commissioner of Education your confidential mental health records relevant to this inquiry.
  - Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided and/or the records thereof, such information is privileged under state law, and we must not release this information without your written authorization, or a court order. This privilege does not apply when you are being evaluated for a third

party or where the evaluation is court ordered. We must inform you in advance if this is the case.

- Serious Threat to Health or Safety: We may disclose your confidential information to protect you or others from a serious threat of harm by you.

**IV. Uses and Disclosures Regarding Confidentiality Within Substance Abuse Programs:**

If the services we provide to you are diagnosis or treatment for drug or alcohol abuse, or referral by us to another person for diagnosis or treatment, the following are the limitations on our disclosure of your PHI without your authorization.

1. We may use or disclose your PHI so that we can provide treatment to you, be paid for our services to you, and to manage our organization.
2. We may disclose your PHI concerning substance abuse services to medical personnel who have need for information about you in order to treat a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
3. We may disclose to others your PHI concerning substance abuse services for conducting scientific research if we determine that the person to whom we disclose the information is qualified to conduct the research and the research will be conducted in such a way that your privacy will be protected.
4. We are required to disclose your PHI concerning substance abuse services if the disclosure is made for audit or evaluation of that information for the purpose of the regulation of our services by Medicare or Medicaid.
  - If the disclosure is made for the purpose of auditing or evaluating our programs, the audit or evaluation is determined by us to be conducted by qualified people and those people agree to maintain the privacy of your records in the same manner we are required to do.
5. We may disclose your PHI concerning substance abuse services if a court order compels that disclosure
6. We are required to disclose your PHI concerning substance abuse services if we receive a subpoena but only if the subpoena has been authorized by a court order.
7. We may disclose your PHI concerning substance abuse services in order to comply with State laws requiring us to report incidents of child abuse.
8. We may disclose your PHI concerning substance abuse services in connection with the report or investigation of your commission of a crime on our premises or against our personnel or your threat to commit such a crime.

V. **Consumer's Rights:**

- **Right to Request Restrictions** – You have, or in the case of a juvenile your guardian has, the right to request restrictions on certain uses and disclosures of PHI about you. However, we are not required to agree to a restriction requested.
- **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 at alternative locations.
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We 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 denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the above referenced accounting of disclosure from us upon request, even if you have agreed to receive the notice electronically.

VI. **Vision Counseling & Consulting, LLC Duties:**

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will mail the revised Notice to you, as well as making it available in our office.

VII. **Questions and Complaints:**

- If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Vision Counseling & Consulting, LLC

# VISION

**Counseling & Consulting**

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- If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Vision Counseling & Consulting, LLC.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Vision Counseling & Consulting, LLC can provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.