

PSYCHOLOGY CLINIC (PC)
NOTICE OF HEALTH INFORMATION
PRIVACY PRACTICES

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or mental healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical or mental health record, serves as:

- A basis for planning your care and treatment;
- A means of communication among the many health professionals who contribute to your care;
- A legal document describing the care you received;
- A means by which you or a third party payer can verify that services billed were actually provided;
- A tool in educating mental health professionals;
- A source of data for research;
- A source of information for public health officials charged with improving the health of the nation;
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

An understanding of what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information;

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Federal Law provides you the right to:

- Request a restriction on certain uses and disclosures of your information.
- Inspect and obtain a copy of your records.
- Amend your record if you believe it is incorrect or incomplete. However, PC is not required to amend your information and if your request is denied PC will provide you with information about our denial and how you can disagree with our denial.
- Obtain an accounting of disclosures of your mental health information. In some limited instances, you have the right to ask for a list of the disclosures of your information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed information, a brief description of the information disclosed, and why the disclosure was made. The list will not include disclosures made for the purposes of supervision, payment, healthcare operations, our directory, national security, law enforcement / corrections, and certain health oversight activities. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension. The first accounting in any 12 month period is provided without charge. We may charge for subsequent requests.
- Receive communications of protected health information from PC by alternative means or at alternative locations. PC must accommodate reasonable requests.
- Authorize use or disclosure of any of your protected mental health information by using the Authorization

for Release of Information.

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

PC agrees to:

- Maintain the privacy of your mental health information as required by law
- Provide you with a notice as to our legal duties and privacy practice with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate mental health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will post a new revision on the Psychology Clinic web site (www.uga.edu/psychology/clinic.html). We will not use or disclose your health information without your written authorization, except as described in this notice.

Uses and/or Disclosures for Treatment, Payment, and Health Care Operations Without Your Written Authorization

The following areas describe the ways PC may use or disclose your health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed. However all the ways PC are permitted to use and disclose information will fall within one of these areas.

We will use your health information for treatment.

For example: Information obtained by your therapist will be recorded in your file and used to determine the course of treatment that should work best for you. Your therapist will share your information with their clinical supervisors in determining the course of treatment. Information will at times be shared with other PC therapists.