

NOTICE OF THE UNIVERSITY OF GEORGIA PSYCHOLOGY CLINIC POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

PSYCHOLOGY CLINIC (PC) NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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

The University of Georgia Psychology Clinic (UGA PC) 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:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - Treatment* is when the UGA PC provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when the therapist consults with another health care provider, such as your family physician or another psychologist.
 - Payment* is when the UGA PC obtains reimbursement for your healthcare, whether through insurance or otherwise.
 - Health Care Operations* are activities that relate to the performance and operation of the UGA PC. 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.
- “*Use*” applies only to activities within the UGA PC such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the UGA PC such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

The UGA PC may use or disclose PHI for purposes outside of treatment, payment or 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 the UGA PC is asked for information for purposes outside of treatment, payment or health care operations we will obtain an authorization from you before releasing this information, unless otherwise required by law. The UGA PC will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes the therapist has made about conversations during a private, group, joint or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations to disclose PHI or Psychotherapy Notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the UGA PC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

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

- *Child Abuse*-If there is reasonable cause to believe that a child has been abused, the UGA PC must report that belief to the appropriate authority.
- *Adult and Domestic Abuse*-If there is reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted, other than by accidental means, or has been neglected or exploited, the UGA PC must report that belief to authorities.
 - *Health Oversight Activities*-If the UGA PC or your therapist is the subject of an inquiry by the Georgia Board of Psychological Examiners, we may be required to disclose PHI regarding you in proceedings before the Board.
- *Judicial and Administrative Proceedings*-If you are involved in a court proceeding and a request is made about the professional services the UGA PC has provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety*-If it is determined, or pursuant to the standards of ethical mental healthcare your provider should determine, that you present a serious danger of violence to yourself or another, the UGA PC may disclose information to appropriate persons in order to provide protection against such danger to you or the intended victim.
- *Worker’s Compensation*-The UGA PC may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws

relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions*-You have the right to request restrictions on certain uses and disclosures of protected health information. However, the UGA PC is not required to agree to a restriction you request.
- *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 and/or obtain a copy of PHI in the health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The UGA PC 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. The UGA PC 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. 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 this notice from the UGA PC upon request, even if you have agreed to receive the notice electronically.
- *Right to be notified of Breach of Unsecured PHI*-We will notify you in the event of a breach involving your PHI in which PHI was not encrypted to government standards and our risk assessment failed to determine a low probability that your PHI was compromised.

The University of Georgia Psychology Clinic's 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. This notice serves as notice of our legal duties and privacy practices.
- The UGA PC reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If the UGA PC revises our policies and procedures, we will provide you with the update on the first day of treatment following the revision, or by mail within 14 days of the update, whichever is earliest. The revision will be posted in our waiting room.

Questions and Complaints

If you have questions about this notice, disagree with a decision the UGA PC makes about access to your records, or have other concerns about your privacy rights, you may contact the Psychology Clinic at the University of Georgia, Psychology Building, Room 139, Athens, GA 30602-3013. Phone: (706) 542-1173

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the Psychology Clinic at the University of Georgia, Psychology Building, Room 139, Athens, GA 30602-3013.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The UGA PC can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule of the Health Insurance Portability and Accountability Act. There will be no retaliation for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective as of 07/01/2018.

The UGA PC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. You will be provided with a revised notice by the first day of treatment following the revision, or by mail with 14 days of the update, whichever is earliest. The revision will also be posted in our waiting room.

Psychology Clinic
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Athens, GA 30602-3013
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<http://psychology.uga.edu/clinic/>