

# **WALLIS AND ASSOCIATES PROFESSIONAL COUNSELING SERVICES, INC**

**131 Prominence Court, Suite 220, Dawsonville, GA 30534 Office: 706.490.9204**  
**[www.walliscounseling.org](http://www.walliscounseling.org)**

## **HIPAA NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we provide you with information regarding how your protected health information (PHI) may be used and disclosed, and how you can access your PHI. This notice outlines how we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### **Your Rights Regarding Protected Health Information**

#### **You have the right to receive an electronic or paper copy of your medical record**

- We will provide a copy or summary of your record within 30 days of your request.
- In some instances, there may be concern that access to information contained in your medical record could be detrimental to you, and we may deny access. If you request a review of the denial we will provide your information to another licensed mental health professional along with reasons for our denial. We will abide by the recommendation resulting from this review.

#### **You have the right to ask us to make changes or otherwise amend your medical record if you believe the information contained in the record is incorrect.**

- If we disagree that there are errors contained in the record we will explain why in writing within 60 days of the denial.

#### **You have a right to confidential communication**

- We not will call, email, or leave messages without your consent

#### **You have a right to limit how we use and share information for treatment, payment, or clinical operations.**

- We may refuse your request if doing so would adversely affect your quality of care or if the law requires that we share information.

#### **You have a right to know who we share your information with.**

- At your request, we will provide an accounting of any and all entities who have received your information.

#### **You have a right to receive a copy of this privacy notice.**

- A copy of this notice can be obtained on our website: [www.walliscounseling.org](http://www.walliscounseling.org)

#### **You have a right to a medical power of attorney.**

- You may appoint someone to act on your behalf about making decisions about your treatment and protected health information. We will need a notarized copy of the power of attorney on file.

#### **You have a right to file a complaint.**

- If you believe that your rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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### **Sharing Information for Treatment Purposes.**

- If you are ever admitted to a residential facility or a hospital, we may share your information with the psychiatrist or physician providing treatment
- We may share information about your assessments, services provided, and treatment progress during treatment team meetings within the organization.
- We may disclose information regarding your treatment as necessary to obtain reimbursement from third party payers.

### **Sharing Information to Maintain Public Health and Safety**

- Certain communicable diseases are required to be reported to the Department of Health.
- We are required by law to report child and elder abuse and neglect to child welfare services (DFCS) or adult protective services (APS).
- We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

### **Sharing information in Response to Law Enforcement or other Legal Requests**

- We may share information about you in response to a court order or a subpoena

### **We will not share your information regarding HIV status, substance use, or content of psychotherapy (process) notes.**

- Psychotherapy process notes are notes taken by the therapist about a counseling session, and are kept from the remainder of your medical record. These notes are afforded a greater level of protection and are generally not released to anyone, without a court order.

**We will not share your information for marketing purposes without your written consent and we will never sell your information.**

**We are required by law to maintain the privacy and security of your protected health information**

**We are required by law to notify you of any breach that threatens the privacy of your information**

**We will follow the privacy practices provided in this notice and provide you with a copy at your request.**

**For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**

**This notice applies to:**

**WALLIS AND ASSOCIATES PROFESSIONAL COUNSELING SERVICES, INC**

**131 Prominence Court, Suite 220, Dawsonville, GA 3053**

**706.490.0204**

**[www.walliscounseling.org](http://www.walliscounseling.org)**