



A Journey To Peace LLC
4402 Lawrenceville rd
Suite 218
Loganville, GA 30052
248-444-8132
Ajourneytopeacecellc.com

Notice of Privacy Practices and HIPAA

Welcome to my practice!

This document contains important information about my professional services, business policies and your protected health information (PHI). This document contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patients' rights about the use and disclosure of your PHI for the purposes of treatment, payment, and health care operations. It is crucial you read these documents carefully and understand them. We can discuss any questions you have now or in the future as it relates to this document. I must follow privacy practices detailed in this document. When you sign this document, it will represent an agreement between us.

Confidentiality

As a rule, I will not disclose any information about you or the fact you are my patient except under certain circumstances which are described below. My mental health record keeping describes the services provided to you and contains the following information: dates of sessions, diagnosis, symptoms, prognosis and progress, functional status and any testing results. Your PHI may be used and disclosed to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but not limited to review of treatment records, electronic or mail delivery of billing for treatment to you or other authorized payers. Use and disclosure of medical records is limited to the internal use outlined above except required by law or authorized by the patient or legal guardian. You should be aware that most insurance companies require me to provide them with a clinical diagnosis (all diagnosis come from the DSM-IV). Sometimes, I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

Limits of Confidentiality

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy or due to legal statutes: Federal and State laws require child abuse and/or neglect, abuse of an elderly, disabled or vulnerable adult, domestic violence and threats (to harm self or someone else) to be reported to social services or other protective agencies. In addition, If you communicate to me a threat to cause harm to yourself or to an identified or identifiable person, I am legally required by Illinois law to take steps to protect you and/or the third party. Such steps may include: calling 911 and/or calling the police, warning the victim or seeking hospitalization. I may disclose medical information about you when necessary to prevent immediate, serious threat to your own health

and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the court or law. If such reports are made, they will be disclosed to you or your legal representative unless disclosure increases risk of further harm.

I may disclose or use your PHI if there is an admission of prenatal exposure to controlled substances. Therapist must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or child.

I may use or disclose your PHI in response to court proceedings such as subpoenas or correctional institutions regarding inmates. I may use or disclose your PHI to law enforcement officials as it relates to subpoenas for crime victims, suspicious deaths or crimes, reporting crimes in emergencies and to identify, locate a suspect or another person.

I may disclose your PHI as it relates to workers compensation. If you file a workman's compensation claim, I am required by law as authorized, upon request, to submit relevant mental health information to you, your employer, the insurer or certified rehabilitation provider in order to comply with state workers compensation law.

I may disclose or use your PHI to another government agency that is administering a government program providing health benefits.

Your rights

You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at any time. Psychotherapy notes are part of your medical records. I have 7 business days to provide copies of records. I agree to pay the fee for copying records. The fee is \$30.00 to copy client records.

This agreement may be modified or amended as required by law or in the course of health care operations.

I HAVE READ AND UNDERSTOOD THIS PRIVACY NOTICE AND MY RIGHTS CONCERNING USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION.

Client Signature

Date

Therapist Signature

Date