



## Notice of Privacy Practice

**Privacy Officer: Kerry P. Duncan, D.Min. Effective Date: June, 2020**

This notice is provided in order to let you know how we make use of your health information at Covenant Counseling & Family Resource Center [CC&FRC], how we might disclose your health information to others and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this booklet. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have the legal responsibility under the laws of the United States and the State of Georgia to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices of this notice. However, we do reserve the right to change any of these privacy practices, as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at CC&FRC. These changes could also affect how we protect the privacy of any of your health information we had before the changes. **When we make any of these changes, we will also change this notice and give you a copy of the new notice.** (You may request a copy of this notice at no charge to you now or in the future.)

If you have questions or concerns about the information contained in this notice, please contact our Privacy Officer, Dr. Kerry Duncan at the following number: **770-985-0837 ext. 14.**

### **Who Will Follow This Notice?**

Any health care professional authorized to enter information into your clinical record, all employees of the center, staff and other personnel at the Center, who may need access to your information, must abide by this notice. All subsidiaries, business associates (e.g. billing services), sites and locations of this Center may share clinical information with each other for treatment, payment purposes or health care operations

described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

### **How We May Use and Disclose Health Information about You**

The following categories describe different ways that we may use and disclose health information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

- **For Treatment** - We may use health information about you to provide you with psychotherapeutic treatment or services. For example, we may provide health information to a physician in order to secure appropriate medication for depression or anxiety.
- **For Payment** - We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, a managed care company or a third party. For example, we may need to send your protected health information, such as your name, address, appointment date and diagnostic codes and related treatment to your insurance company for payment.
- **For Quality Treatment** - We may use and disclose health information about you in consultative treatment sessions to assure that you receive quality care. For example, we may use health information about you in a clinical staff meeting in order to review our treatment and services and evaluate the performance of our staff in caring for you.

### **Specific Uses or Disclosures That Can Be Made Without Consent**

- To your physician or other healthcare provider who is also treating you
- To anyone on our staff involved in your treatment program
- To any person required by Federal, State or local laws to have lawful access to your treatment program
- To receive payment from a third party payer for services we provide for you
- To our own staff in connection with our Center's clinical operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards and in connection with licensing, credentialing or certification activities.

- To anyone you give us written authorization to have your health information for any reason you want. (You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.)
- To a family member, a person responsible for your care or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.
- To law enforcement entities as required by law or court-ordered subpoena.
- To legal authorities if and when you appear to be a danger to yourself or others or to avert a serious threat to public health or safety.
- To legal authorities and/or state protection agencies in cases of domestic violence and/or elder/minor neglect or abuse.
- To Workers' Compensation or similar programs for processing claims.

We will not use your Protected Health Information [PHI] in any of our Center's marketing, development, public relations or related activities without your written permission and authorization. And, finally, we cannot use or disclose your PHI in any ways other than those described in this notice, unless you give us written permission and authorization.

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

1. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
2. You can ask us for photocopies of the information in item "1" above.
3. We will charge you \$.10 per page for making these photocopies.
4. You have a right to a copy of this notice at no charge.
5. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. Example: We are treating a child of whom you have lawful custody and your primary language is not spoken at this Center, then you can request, in writing, an alternative means and location.
6. You may make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will

abide by them in all situations except those which, in our professional judgment, constitute an emergency. You can make a written request that we amend the information in item #1 above.

7. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information and anyone else of your choosing.
8. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
9. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment or our Center's operations. This can go back as far as six years, but not before April 14, 2003.
10. If you request the accounting in item #9 above more than once in a 12 month period, we may charge you a fee based on our actual costs of tabulating these disclosures.
11. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may complain to us in writing to the following person: **Dr. Kerry Duncan, 2208 Main Street East, Snellville, GA 30078. Dr. Duncan can also be reached by calling 770-985-0837 ext. 14 or by fax at 770-985- 6677.**
12. You may also submit a written complaint to the United States Department of Health and Human Services. (We will provide you with that address upon written request.)

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**This notice fulfills Federal reporting requirements under the Health Insurance Portability and Accountability Act [HIPAA] as it applies to your Protected Health Information [PHI].**

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**Covenant Counseling & Family Resource Center  
2208 Main Street East  
Snellville, GA 30078  
770-985-0837**