

## THIS NOTICE IS FOR YOUR RECORDS

### GEORGIA HIPAA NOTICE

Notice of Psychiatrist's Policies and Practices to Protect the Privacy of Your Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Georgia State Laws

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION UNDER THE NEW HIPAA LAWS.

PLEASE REVIEW THIS FORM CAREFULLY AND IN ITS ENTIRETY.

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Fort Christian Psychiatric Center and its contracted providers 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” is when The Fort Christian Psychiatric Center provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when we consult with another healthcare provider, such as your family physician, psychiatrist or another psychologist.
- “Payment” is when The Fort Christian Psychiatric Center obtains reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- “HealthCare Operations” are activities that relate to the performance and operation of my practice. Examples of healthcare 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office such as releasing, transferring, or providing to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

The Fort Christian Psychiatric Center and its contracted providers may use or disclose PHI for purposes outside of treatment, payment, or healthcare 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 we are asked for information for purposes outside of treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have 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 at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have 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.

### III. Uses and Disclosures with Neither Consent nor Authorization

The Fort Christian Psychiatric Center and its contracted providers may use or disclose PHI without your consent or authorization in the following circumstances:

- ▶ **Research.** We may also do certain kinds of research using your records, but only if a legally authorized review board gives us permission to use your information and provided that the researcher says he/she will use safeguards to protect your information.
- ▶ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ▶ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose information to the Department of Veterans Affairs to determine whether you are eligible for certain benefits.
- ▶ **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report deaths;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ▶ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive satisfactory assurances that the party seeking the information has made efforts tell you about the request or to obtain an order protecting the information requested.
- ▶ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena (after we attempt to notify you), warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at our offices; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

► Coroners, Medical Examiners and Funeral Directors.

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of our practice to funeral directors as necessary to carry out their duties.

► National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

► Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- Serious Threat to Health or Safety – If we determine, or pursuant to the standards of our profession should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against danger for you or the intended victim.

- Child Abuse – If we have reasonable cause to believe that a child has been abused, we must report that belief to the appropriate authority.

- Adult and Domestic Abuse – If we have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, we must report that belief to the appropriate authority.

- Health Oversight – If we are subject of an inquiry by the Composite State Board of Medical Examiners or the Composite State Board of Professional Counselors, Social Workers and Marriage and Family Therapists, the Department of Community Health or any other Government regulatory agency with appropriate authority, we may be required to disclose your PHI or psychotherapy notes.

- Judicial or Administrative Proceedings – If you are involved in a court proceeding and a request is made about the professional services we 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 for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- Worker's Compensation – The Fort Christian Psychiatric Center and its contracted providers may disclose protected health information 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.

#### IV. Patient's Rights and Psychiatrist's Duties

##### Patient's Rights:

- Right to Request Restrictions – You have the right to a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations purposes. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to your spouse. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request that we communicate with you about PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate your request if it is reasonable. Your request must specify how or where you wish to be contacted.
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. An appointment will be scheduled to review these records in my presence so that any issues can be discussed. Normal hourly and/or copying charges will apply. We 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. We may deny your request. Upon 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. Upon your request, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact our Privacy Officer or designee at our address or visit our webpage at [www.thefortchristian.com](http://www.thefortchristian.com).

#### Psychiatrist's or Contracted Provider'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.
- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our practice. The notice will contain on the first page, in the top right-hand corner, the effective date.
- If we revise our policies and procedures, we will provide you with a revised notice on the message board located at the front desk.

#### IV. Complaints

If you have questions about this notice, are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer: Dr. Joseph Fortuchang, at 770-376-6726. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. The Fort Christian Psychiatric Center, and its contracted providers, will not retaliate against you for exercising your right to file a complaint.

#### V. Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical

information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## VII. Restrictions

The Fort Christian Psychiatric Center, and its contracted providers, will limit the uses or disclosures that we will make as follows: We will not release the contents of “Psychotherapy Notes” under any circumstance, with the following exceptions:

- If you file a lawsuit or ethics complaint against us, we may release “Psychotherapy Notes” for use in our defense

Occasions when the following “Uses and Disclosures with Neither Consent nor Authorization” apply:

- Child Abuse
- Adult and Domestic Abuse
- Health Oversight
- Judicial or Administrative Proceedings
- Serious Threat to Health or Safety

## Chapter 135-11 Telemental Health

### Rule 135-11-.01 Telemental Health

Purpose: The purpose of this rule is to define TeleMental Health and to establish minimum standards for the delivery of services by a licensed Professional Counselor, Social Worker, or Marriage and Family Therapist using technology-assisted media.

#### (a) Definitions:

1. Asynchronous store and forward - means the transmission of a client's information from an originating site to a licensee at a distant site without the presence of the client.
2. Distant site - means a site or location from which services are delivered by a licensee via a technology-assisted media.
3. Licensee - means a person licensed in the state of Georgia as a Professional Counselor, Social Worker or Marriage and Family Therapist, including Associate licensees.
4. Originating site - means a site where a client is located at the time TeleMental Health services are provided via technology-assisted media or where the asynchronous store and forward services originates.
5. Synchronous interaction - means a real-time interaction between a client and a licensee located at a distant site.
6. TeleMental Health - means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.

7. TeleMental Health Supervision - means the delivery of supervision via technology-assisted media by a supervisor at one site while the supervisee is located at a distant site. Telemental health supervision may include, without being limited to, the review of case presentation, audio tapes, video tapes, and observation in order to promote the development of the practitioner's clinical skills.

(b) Provisions

1. Training for Licensee:

(i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours. The continuing education hours may include but are not limited to the following, in the discretion of the Board:

(I) Internet use dependency and psychological problems - an overview of how Internet users become dependent upon the Internet to such an extent that their Internet use is causing serious problems in their lives.

(II) Research in Telemental Health - review of evidence base for mental health practice conducted using telemental health.

(III) Intake and Assessment- initial intake and assessment necessary to determine a client's suitability for telemental health, including informed consent.

(IV) Delivery Methods - recognize appropriate use of telecounseling, asynchronous email/message posting, synchronous digital chat, video-assisted therapy and other electronically supported modes of delivery.

(V) Theory Integration - understand how to adapt counseling/therapy theory and effective in-person techniques to telemental health.

(VI) Termination - recognize similarities and differences between in-person and telemental health closure while providing technology-assisted strategies for reestablishing contact if and/or when necessary.

(VII) Risk Management - understanding privacy and security standards of applicable laws such as Health Insurance Portability and Accountability Act ensuring high quality practices and procedures that are legally sound and ethically protect clients and safeguard against litigation, including protection of electronic information.

(VIII) Business of Telemental Health - review of ethically sound ways to advertise and incorporate telemental health into an existing suite of therapeutic/clinical services.

(ii) If the licensee has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

2. Supervision:

(i) Training of the TeleMental Health Supervisor: Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, **plus**, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.

(ii) If the supervisor has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

(iii) Board rules 135-5 define the acceptable requirements for a Board recognized supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions. Supervisors and supervision must meet the requirements of the specialty found in the applicable section of Board rules 135-5 that define supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions.

(iv) Informed Consent: Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.

3. Informed Consent - Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use. The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service or legal counsel.

4. Client Assessment - Careful assessment using assessment instruments referenced in Rule 135.-7-.05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media. Clients who cannot be treated properly via TeleMental Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.

5. Code of Ethics -The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

6. Scope of Practice - This rule shall not be construed to alter the scope of practice of any licensee or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law.

7. Out-of-State Clients - Licensees who want to offer TeleMental Health services outside the state are advised to check with the state board in which the client resides for information about telemental health regulations outside of Georgia.

(c) Continuing education hours obtained pursuant to this rule within a two-year licensure cycle may be applied to the required thirty-five (35) hours for that licensure cycles renewal/expiration date.

**Cite as Ga. Comp. R. & Regs. R. 135-11-.01**

**Authority:** O.C.G.A. §§ 43-1-19, 43-1-24, 43-1-25, 43-10A-2, 43-10A-5, 43-10A-16, 43-10A-17.

**History.** Original Rule entitled "TeleMental Health" adopted. F. Sep. 17, 2015; eff. Oct. 7, 2015.

HIPAA Signature Attachment for The Fort Christian Psychiatric Center

HIPAA is a federal law that provides privacy protections and assures patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a complete printed copy of the Georgia HIPAA Notice for use and disclosure of PHI for treatment, payment and health care operations. The Georgia HIPAA Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. We can discuss any questions that you may have about the procedures outlined in the Georgia HIPAA Notice.

I have been given the opportunity to read the Georgia HIPAA Notice and I understand that I may find and print a copy for my records at [www.thefortchristian.com](http://www.thefortchristian.com).

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Patient (or Parent/ Legal Guardian) Signature

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Patient's (or Parent/Legal Guardian) Printed Name

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Date

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Witness