

HIPPA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

Effective 1/1/2013

Stephanie Brookins, MS, NCC, LPC

1661 13th St, Ste 102

Columbus, GA 31901

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Stephanie Brookins, LPC, LLC is committed to maintaining client confidentiality. I and my office staff will only release healthcare information about you in accordance with federal and state laws, and in accordance with the ethics of professional counseling.

Uses and disclosures of your health information for the purposes of providing services: Providing treatment services, collection of payment and conducting healthcare operations are necessary activities for quality of care. State and federal laws allow me to use and disclose your health information for these purposes.

Treatment: I may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

Payment: Information needed to verify insurance coverage and/or benefits with your insurance provider, to process your claims as well as information needed for billing and collection purposes. I may bill the person you identify as your guarantor for payment, and/or the primary insurance holder.

Healthcare operations: I may need to use or disclose information to review my treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

Other uses or disclosures of your information that do not require your consent include the following.

- Information you and/or your child disclose regarding physical, emotional or sexual abuse; or neglect of current minors or dependent persons (such as someone who is disabled). According to Georgia law and professional ethics, I am obligated to report this information to the Division of Family and Children Services of the appropriate county and/or law enforcement.
- Information that indicates serious risk of harming self or others.
- Information regarding appointment scheduling – confirmation or rescheduling appointments.
- Information regarding a crime committed on the premises of my office or against myself or other staff will be disclosed to appropriate law enforcement.
- Information that I am legally mandated to disclose due to court order or subpoena.

Client Rights

- The right to request where I or my office do or do not contact you.
- The right to release your medical records, and the right to revoke any release you previously allowed.
- The right to inspect and copy your medical billing records. There are fees for time to review and producing any copies.
- The right to add information or request amendment to your medical records. If I do not agree to the amendment, you have a right to file a disagreement statement that will become part of your record. Any request by you must be made in writing.
- The right to an accounting of disclosures.
- The right to request restrictions on uses and disclosures of your healthcare information.
- The right to file a complaint if you believe your information has been misused. Please discuss this with me first so we can try to resolve any problem. Any subsequent complaints can be made to the US Dept. of Health and Human Services. There will be no retaliation for complaints.
- The right to receive notice of any changes to these policies.

Please let me know if you have any questions. Thank you!