

Georgia Community Support and Solutions

1945 Cliff Valley Way, STE 220, Atlanta GA 30329
(404) 634-4222

NOTICE OF PRIVACY PRACTICES

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.

This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this notice please contact the Department's Privacy Officer or Divisions Coordinator at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where stricter disclosure requirements do not apply, this Notice of Privacy Practices describes how the department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly identify you and relates your "protected health information." Protected health information is information that may personally identify you and relates to you past, present, and future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the department.

1. Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by the department, its administration and clinical staff and others involved in your care and treated for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

- a. **Treatment:** Your protected health information may be used to provide, coordinate, and manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.
- b. **Payment:** Your protected health information may be used to obtain payment for your health care services. For example this may include activities that a health insurance plan requires before it approves or pays for health care services such as: making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
- c. **Health Care Operations:** The Department may use or disclose your protected health information to support the business activities of the Department, including, for example but not limited to, quality assessment activities, employee review activities of the Department, including, for example, but not limited to, quality assessments activities, employee review activities, Training, licensing, and other business activities. Your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be used to contact you about appointments or for to there operational reasons. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in the provision of your services.

2. Other Permitted or Required uses and Disclosures with Your Authorization or Opportunity to Object: Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke at any time, except as permitted or required by law as described below. Generally, if there is protected health information that identifies you as a person who has applied for or received substance abuse services, that information will not be disclosed without your consent unless the law allows or requires such a disclosure. The Department may use and disclose your protected health information when you authorize in writing such use or disclosure of all or part of your protected health information. If you are hospitalized, the Department may use and disclose certain protected health information to your representative, as that is defined in the Georgia Mental Health Code, upon your admission or discharge: you may be giving a chance to object to certain other disclosures to your representative.

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3. Permitted or Reported Uses and Disclosures without Your Authorization or Opportunity to Object The Department may use or disclose your protected health information without your authorization for continuity of your care or for your treatment in an emergency or when clinically required; when required to do so by law; for public health purposes; to a person who may be a risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceeding; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner or medical examiner, and to the representatives of your estate.

4. Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department's compliance with the requirement of the Privacy Rule at 45 CFR Sections 164.500 et..seq.

5. Your Rights: The following is a statement of your rights with respect to your protected health information and belief description of how you may exercise these rights.

- a. **You have the right to inspect and copy your protected health information.** You may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.
- b. **You have the right to request restrictions of your protected health information.** You may ask the Department not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restrictions to apply. The Department is not required to agree to a restrictions requested, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.
- c. **You have the right to request to receive confidential communication from us by alternative means or at an alternative location.** Upon written request to a person listed in section 6 below, the department will accommodate reasonable requests for alternative means of communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The department will not request an explanation from you as to the basis for the request.
- d. **You have the right to request an amendment of your protected health information.** If the Department created your protected health information, you may request an amendment of that information for as long as the Department maintains it. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial. Please contact one of the persons listed in section 6 below if you have questions about amending your medical information.
- e. **You have a right to receive an accounting of certain disclosures the Department has made of your protected health information.** This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification of purposes. You have the right to receive legally specified information regarding disclosures occurring after 14, 2003, subject to certain exceptions, restrictions and limitations.
- f. **You have the right to obtain a paper copy of this notice from the Department,** upon request.

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6. Complaints: You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by notifying the Department's Privacy Officer of the bases for your complaint. The Department will not retaliate against you for filing a complaint.

You may contact the Department's Privacy Officer:

404.656.4421 Phone 404.657.1123 Fax
2 Peachtree Street, NW
Room 29.210
Atlanta, GA 30303-3142

OR

The Divisions Privacy Coordinator

404.657.6423 Phone 404.657.6424 Fax
2 Peachtree Street, NW
Room 22.240
Atlanta, GA 30303-3142

OR

To the staff of your provider for further information about the complaint process or this notice.

Please sign a copy of this notice of Privacy Practices for the Department's Records.

I have received a copy of this Notice on the date indicated below.

Signature of Individual/Resident or legally Authorized Person

Date

Created: