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## **Notice of Privacy Practices**

### **Introduction**

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

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

Any health care professional at this practice who is authorized to enter information into your medical record, and who may need access to your information must abide by this Notice. All subsidiaries and business associates (e.g., a billing service) may share medical 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.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes. The following should help clarify these terms:

- *PHI* refers to information in your health record that could identify you. For example, it may include your name, the fact that you are receiving treatment here, and other basic information pertaining to your treatment.
- *Use* applies only to activities within my office, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

- *Disclosure* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- *Authorization* is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.
- *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- *Payment* Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- *Health Care Operations* are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your protected health information in support of business activities. For example, when I review an administrative assistant's performance, I may need to review what that employee has documented in your record.

### **Written Authorizations to Release PHI**

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I 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.

As a general rule, I will disclose no information obtained from your contacts with me, or the fact that you are my patient, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law.

### **Uses and Disclosures without Authorization**

The ethics code of the American Psychological Association, Georgia State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time you and I determine. You may revoke the authorization at any time. However, if I have taken action in reliance on it prior to receiving your written revocation of the authorization, the disclosure of information cannot be undone.

There are some disclosures that do not require your Authorization. Georgia law requires psychologists to release information to others in certain circumstances. I may use or disclose PHI without your consent in the following circumstances:

- Suspicion of abuse or neglect of a child or of an aged or incapacitated adult must be reported to the Division of Family and Children Services:
  - o *Child Abuse* – By Georgia Law, if I have reasonable cause to believe a child may be abused or neglected, I must report this belief to the appropriate authorities.
  - o *Adult and Domestic Abuse* – By Georgia Law, if I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- Health Oversight Activities – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Unethical or Illegal Psychological Practice – By Georgia Law, information that a Psychologist is engaging in unethical or illegal practice must be reported to the Board of Psychology.
- Judicial and Administrative Proceedings – In Georgia court cases, therapist-patient privilege may not apply in certain cases, including the following any case in which the judge “in the exercise of sound discretion, deems it necessary to the proper administration of justice.” This means that information communicated to the therapist can be admitted as evidence in a court case against your wishes if a judge so rule. Others sometimes issue a subpoena seeking either treatment records or testimony from your present or former therapist as evidence in a court case (including child custody cases). If I receive such a subpoena, I will inform you immediately and, with your consent, will cooperate with your attorney in filing motions to revoke the subpoena and requesting that the confidentiality of the therapy relationship be protected. However, only the judge may decide whether or not the requested information or records must be disclosed.
- Serious Threat to Health or Safety:
  - o *Imminent Harm to Self* – If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
  - o *Imminent Harm to Others* – Georgia law imposes upon therapists the legal duty to protect others members of society from harmful actions by their patients. Voice threat of direct harm to another person can result in notification of the potential victim, law enforcement officers, and/or others as specified by statute.
  - o By Georgia Law, if you are licensed by a *Health Regulatory Board*, I am required to report that you are receiving therapy if I believe your condition places the public at risk.
- Georgia law allows for certain others to request access to treatment records in specific circumstances. In such cases, I will make every attempt to limit the information disclosed by substituting an oral or written report rather than submit actual treatment records. These include:

- o Protective Service Workers to whom I have reported suspicion of abuse or neglect, if they so request;
  - o Court-Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders; and
  - o Evaluators for minors' involuntary commitment to inpatient treatment, if they so request.
  - o Magistrates in hearings for involuntary commitment of adults for inpatient treatment or mandatory outpatient treatment.
- Records of Minors – Georgia has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and CSB evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and we will discuss these in detail if I provide services to minors.
  - Workers Compensation – If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer or a certified rehabilitation provider.

## **Patient's Rights and Psychologist's Duties**

### **Patient's Rights**

- Right to Request Restrictions - You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.
- Right to Receive Confidential Communications by Alternative Means – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in my records as these records are maintained. In such cases I will discuss with you the process involved.
- Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. If so, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI. I can discuss with you the details of the accounting process.
- Right to a Paper Copy - You have the right to obtain a paper copy of the Notice of Privacy Practices from me upon request.

### **Psychologist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you at our next session.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Georgia State Board of Examiners of Psychologists. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice, or would like to know how to file a complaint with the Georgia State Board of Examiners of Psychologists, please contact me:

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### **Effective Date, Restrictions, and Changes to Privacy Policy**

This notice will go into effect on February 1, 2017 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.

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### **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

