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**NOTICE OF PRIVACY PRACTICES FORM**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**.

This notice is effective September 23, 2013. It is provided to you under the Health Insurance Portability and Accountability Act of 1996 and related federal regulations (HIPAA) and provides some additional information about other federal and state confidentiality protections. If you have questions about this Notice please contact Dynamic Interventions Inc.’s (DII) Clinical Director, or the State Department of Behavioral Health & Developmental Disabilities’ Privacy Officer at the address below.

The Department of Behavioral Health and Developmental Disabilities (DBHDD) is an agency of the State of Georgia responsible for certain programs which deal with medical and other confidential information. Both federal and state laws establish strict requirements 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 regarding your protected health information. **Protected health information** is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. DII and DBHDD is required to notify you in the event a breach of unsecured protected health information about you. DBHDD and DII are required to provide you this Notice of Privacy Practices, and to abide by its terms, 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. DII Department will provide you with any revised Notice of Privacy Practices by posting copies at its facilities, in response to a telephone or facsimile request to the Privacy Officer/Clinical Director, or in person at any facility where you receive services from DII.

**1. Your Rights:** The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. If you have a court-appointed guardian, your guardian may exercise these rights for you; if you are a minor, your parent or court-appointed custodian may exercise these rights for you; your healthcare agent in a valid advance directive may exercise these rights for you if the advance directive so indicates. To exercise any of these rights, you may contact the staff person named in Section 7 at your treatment provider’s location, or your treatment provider’s HIPAA Coordinator.

**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 DII maintains the protected health information. This information includes medical and billing records and other records DII 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 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. While you are hospitalized, your physician may restrict your right to review your records if it may endanger your life or physical safety. If your protected health information was obtained or created in the course of research that includes treatment, your right to access that protected health information may be restricted while the research is in progress, provided you agreed to this restriction in advance.

**b. You have the right to request restriction of your protected health information:** You may ask DII not to use or disclose any part of your protected health information for the purposes 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 restriction to apply. DII is not required to agree to a restriction you request, and DII may not prevent disclosures to the Secretary of Health and Human Services or any disclosure that is required by law. If DII 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 DII does agree to the requested restriction, DII may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. DII must agree to a restriction if you request to restrict disclosure of your protected health information to a health plan if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which you, or a person other than a health plan on your behalf, have paid DII in full.

**c. You have the right to request to receive confidential communications, including billing and payment information, from us by alternative means or at an alternative location:** Upon written request, DII will accommodate reasonable requests for alternative means for the communication of confidential information with you, but may condition this accommodation upon your provision of an alternative address or other method of contact, or means of payment. DII will not request an explanation from you as to the basis for the request.

**d. You may have the right to request amendment of your protected health information:** If DII created your protected health information; you may request an amendment of that information for as long as it is maintained by DII. DII 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.

**e. You have the right to receive an accounting of certain disclosures DII has made of your protected health information:** This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, and does not apply to any disclosures DII made to you: to family members or friends or representatives, as defined in the Georgia Mental Health Code, who are involved in your care; to anyone based on written authorization by you (or by your guardian, parent, or court-appointed custodian or healthcare agent as applicable); or for national security, intelligence or notification purposes. You have the right to receive legally specified information regarding disclosures occurring in the six (6) years before your request, subject to certain exceptions, restrictions and limitations.

**f. You have the right to obtain a paper copy of this notice from DII**, upon request.

**2. Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by DII, its administrative and clinical staff and others involved in your care and treatment 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, or manage your health care and any related services, including coordination of your health care with a third party such as, for example, a health care professional who is treating you, or whom you have agreed will be your provider upon your discharge, to a jail or corrections facility if you are under criminal charges and discharged to jail or corrections, 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. Your protected health information may be shared with third party “business associates” who perform various activities that assist us in obtaining payment; business associates are also required by law to keep your protected health information confidential.

**c. Health Care Operations:** DII may use or disclose your protected health information to support the business activities of DII, including, for example, but not limited to, quality assessment 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 shared with third party “business associates” who perform various activities that assist us in the provision of your services; business associates are also required by law to keep your protected health information confidential.

**3. Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object:** Your protected health information, including clinical records of treatment for mental illness or addictive disease or services relating to developmental disability, is protected by confidentiality under state law. DII is permitted to make certain disclosures described in Section 2 above and in Sections 4 and 5 below, without your authorization or opportunity to object. Other uses and disclosures of your protected health information will be made only with written authorization by you (or your guardian, parent or legal custodian, or healthcare agent as applicable), which may be revoked at any time to the extent that DII has not acted upon the authorization. DII may disclose all or part of your protected health information when authorized in writing. If you are hospitalized, DII may use and disclose certain protected health information to your representative, as that term is defined in the Georgia Mental Health Code, upon your admission or discharge; you may be given a chance to object to certain other disclosures to your representative. Authorization is required for use or disclosure of psychotherapy notes not maintained in your medical record, with certain limitations in forensic cases. Authorization is required for any disclosure of your protected health information for purposes of DII marketing its services. If DII receives a complaint on your behalf, such as from your representative or family member, your protected health information will not be disclosed to that person in response to the complaint without your authorization.

**a. Confidentiality of Alcohol and Drug Abuse Patient Records:** The confidentiality of patient records which disclose any information identifying you as an alcohol or drug abuser is protected by federal law and regulations. This information generally will not be disclosed unless you consent in writing, the disclosure is allowed by a court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these federal laws and regulations by the facility, treatment or service provider, or DII, is a crime. You may report violations to appropriate authorities in accordance with the federal regulations. Federal regulations do not protect any information about a crime committed by you either at a facility or program or against any person who works at a facility or program, or information about any threat to commit such a crime. Federal regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State agency and local law enforcement authorities.

**b. AIDS confidential information**: AIDS confidential information, including HIV status or testing information, is confidential under state law. Generally, DII will not disclose AIDS confidential information without your authorization. DII may disclose this information in certain circumstances to protect persons at risk of infection by you, including your family and health care providers. DII may disclose AIDS confidential information in certain circumstances as part of your mental health commitment or by other legal procedures.

**c. Other:** DII will not sell your protected health information. If DII wishes to use your protected health information for fundraising (for instance, to send you a request for donation to patient benefit funds), we will first request your authorization.

**4. Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object:** DII may use or disclose your protected health information without your authorization to your court-appointed guardian, if any; to your parent or court-appointed custodian if you are a minor, or to your healthcare agent when applicable; for continuity of your care or for your treatment in an emergency or when clinically required; when required to do so by law such as by court order; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to a law enforcement authority or other state agency authorized to receive reports of abuse or neglect; in certain legal proceedings, such as hearings regarding your hospitalization or commitment or to comply with workers' compensation laws; and for certain law enforcement purposes. If you were admitted to a facility involuntarily, notice of your transfer to voluntary status or of your discharge may be given to the healthcare provider or court that referred you for involuntary care. Protected health information may also be disclosed without your authorization to a coroner or medical examiner, an organ or tissue donation organization, and to the legal representative of your estate.

**5. Required Uses and Disclosures:** Under the law, DII must make certain disclosures to you, and to the Secretary of the United States Department of Health and Human Services when required to investigate or determine DII's compliance with the requirements of HIPAA regulations at 45 CFR Parts 160 and 164.

**6. Practices not followed by DII:**

**a**. DII does not sell protected health information of any individual.

**b**. DII facilities do not maintain directories of admissions. DII does not disclose the fact of your admission to a facility or program unless it is authorized or required by law to do so, or unless you authorize such a disclosure.

**7. Complaints and Additional Information:** You may complain to DII, DBHDD 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 in writing with your DII facility or program, or services provider under contract or agreement with DBHDD which maintains your protected health information at telephone 478-333-2498, facsimile 478-333-6531, or by mail to 524 S. Houston Lake Rd, Suite G-100, Warner Robins, Ga. 31088. You must state the basis for your complaint. Neither the facility, the provider, nor DBHDD will retaliate against you for filing a complaint. You may also obtain additional information about privacy practices from this contact person.

You may also contact **DBHDD's Privacy Officer by telephone at (404) 657-2282, facsimile (404) 657-2173, or by mail to 2 Peachtree Street NW, Room 22.240, Atlanta, Georgia, 30303-3142,** for further information about the complaint process or about this notice.

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**ACKNOWLEDGMENT OF HIPAA**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have received a copy of the HIPAA – Notice of Privacy Practices on the date indicated below:**

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**Signature of Client/Legal Guardian Date**

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**Name of Staff/Credentials (Please Print)**

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**Signature of Staff/Credentials (Please sign) Date**