

Cathy Zedd Counseling, LLC
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Decatur, GA 30030
678-435-9140

Health Insurance Portability and Accountability Act (HIPAA)

NOTICE OF PRIVACY PRACTICES

Effective 4/14/03

COMMITMENT TO YOUR PRIVACY:

Cathy Zedd Counseling, LLC is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your present or future physical or mental condition and related health care services either in paper or electronic format. This Notice of Privacy Practices ("Notice") is required by law to provide you with the legal basis and the privacy practices that maintain the security of your PHI. It also describes how your health and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and ask any questions or concerns with your physician.

LEGAL DUTY TO SAFEGUARD

YOUR PHI: By federal and state law, *Cathy Zedd Counseling, LLC* is required to ensure that your PHI is kept private. This Notice explains when, why, and how *Cathy Zedd Counseling, LLC* would use and/or disclose your PHI. Use of PHI means when *Cathy Zedd*

Counseling, LLC shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when *Cathy Zedd Counseling, LLC* releases, transfers, gives, or otherwise reveals it to a third party outside of the *Cathy Zedd Counseling, LLC*. With some exceptions, *Cathy Zedd Counseling, LLC* may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, it is always legally required to follow the privacy practices described in this Notice.

III. CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your PHI that are created or retained by *Cathy Zedd Counseling, LLC*. Please note that *Cathy Zedd Counseling, LLC* reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that *Cathy Zedd Counseling, LLC* has created or maintained in the past and for any of your records that *Cathy Zedd Counseling, LLC* may create or maintain in the future. *Cathy Zedd Counseling, LLC* will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of *Cathy Zedd Counseling, LLC's* Notice of Privacy Practices.

IV. HOW YOUR NAME MAY USE AND DISCLOSE YOUR PHI: *Cathy Zedd Counseling, LLC* will not use or disclose your

PHI without your written authorization, except as described in this Notice. For more information, see the "Information, Authorization, and Consent to Treatment" document. In this document, you will find the different categories of PHI, the possible uses and disclosures with your PHI, and examples.

1. For Treatment: *Cathy Zedd Counseling, LLC* may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide your health care services or are; otherwise involved in your care. Example: If you are also seen by a psychiatrist for medication management, *Cathy Zedd Counseling, LLC* may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, *Cathy Zedd Counseling, LLC* will always ask for your authorization in writing prior to any disclosure of your PHI.

2. For Health Care Operations: *Cathy Zedd Counseling, LLC* may disclose your PHI to facilitate the efficient and correct operation of its practice, improve your care, and coordinate your care when necessary. Example: We use your PHI to manage your treatment and services.

3. To Obtain Payment for Treatment: *Cathy Zedd Counseling, LLC* may use and disclose your PHI to bill and collect payment for your treatment and services *Cathy Zedd Counseling, LLC* provided to you. Example: *Cathy Zedd Counseling, LLC* might send your PHI to your insurance company or managed health care plan in order to get payment for the health care services that have been provided to

Zedd Counseling, LLC could also disclose your PHI to billing companies, claims processing companies, and others that process health care claims for *Cathy Zedd Counseling, LLC* office if either you or your insurance carrier are not able to stay current with your premium. In this latter instance, *Cathy Zedd Counseling, LLC* will always do its best to coordinate this with you first prior to involving an outside agency.

Employees and Business Associates: There may be instances where services are provided to *Cathy Zedd Counseling, LLC* by an employee or through contracts with third-party "business associates." Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, *Cathy Zedd Counseling, LLC* will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of *Cathy Zedd Counseling, LLC*.

This state and Federal law provides additional protection for certain types of information, including **alcohol or drug use, mental health and AIDS/HIV**, and will limit whether and how *Cathy Zedd Counseling, LLC* may disclose information about you to others.

USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – YOUR NAME may be used and/or disclose your PHI without your

consent or authorization for the following reasons:

1. **Law Enforcement:** Subject to certain conditions, *Cathy Zedd Counseling, LLC* may disclose your PHI when required by federal, state, or local law; judicial, legislative, board, or administrative proceedings; or, law enforcement. Example: *Cathy Zedd Counseling, LLC* may make a disclosure to the appropriate officials when a law requires *Cathy Zedd Counseling, LLC* to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. **Lawsuits and Disputes:** *Cathy Zedd Counseling, LLC* may disclose information about you to respond to a court or administrative order or a search warrant. *Cathy Zedd Counseling, LLC* may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. *Cathy Zedd Counseling, LLC* will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
3. **Public Health Risks:** *Cathy Zedd Counseling, LLC* may disclose your PHI

to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report accidents and deaths, and to notify persons who may have been exposed to a disease or risk for getting or spreading a disease or condition.

4. **Food and Drug Administration (FDA):** *Cathy Zedd Counseling, LLC* may disclose PHI to the FDA, or persons under the jurisdiction of the FDA, PHI related to adverse events with respect to drugs, foods, supplements, products and procedures, defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
5. **Serious Threat to Health or Safety:** *Cathy Zedd Counseling, LLC* may disclose your PHI if you are in a mental or emotional condition as a result of a dangerous to yourself or the persons or property of others, and if *Cathy Zedd Counseling, LLC* determines in good faith that disclosure is necessary to prevent a threatened danger. Under certain circumstances, *Cathy Zedd Counseling, LLC* may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
6. **Minors:** If you are a minor (under 18 years of age), *Cathy Zedd Counseling, LLC* may be compelled to release certain types of information to your parent or guardian in accordance with applicable law.

Abuse and Neglect: *Cathy Zedd Counseling, LLC* may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If *Cathy Zedd Counseling, LLC* has a reasonable suspicion of child abuse or neglect, *Cathy Zedd Counseling, LLC* will report this to the Georgia Department of Child and Family Services.

Coroners, Medical Examiners, and Funeral Directors: *Cathy Zedd Counseling, LLC* may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. *Cathy Zedd Counseling, LLC* may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.

Communications with Family, Friends, or Others: *Cathy Zedd Counseling, LLC* may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, *Cathy Zedd Counseling, LLC* may disclose your PHI to an entity assisting in disaster relief efforts so that

your family can be notified about your condition.

10. **Military and Veterans:** If you are a member of the armed forces, *Cathy Zedd Counseling, LLC* may release PHI about you as required by military command authorities. *Cathy Zedd Counseling, LLC* may also release PHI about foreign military personnel to the appropriate military authority.
11. **National Security, Protective Services for the President, and Intelligence Activities:** *Cathy Zedd Counseling, LLC* may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
12. **Correctional Institutions:** If you are or become an inmate of a correctional institution, *Cathy Zedd Counseling, LLC* may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others
13. **For Research Purposes:** In certain limited circumstances, *Cathy Zedd Counseling, LLC* may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely

disguised in such a manner that it could not be identified, directly or indirectly, through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research protocols and ascertained that the established protocols have been met to ensure the privacy of your information.

14. **For Workers' Compensation Purposes:** *Cathy Zedd Counseling, LLC* may release PHI in order to comply with Workers' Compensation or similar programs established by law.
15. **Appointment Reminders:** *Cathy Zedd Counseling, LLC* is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or health-related benefits and services you may need or that may be of interest to you.
16. **Health Oversight Activities:** *Cathy Zedd Counseling, LLC* may disclose PHI information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, govern health care programs and compliance with HIPAA. Example: When compelled by the Secretary of Health and Human Services to investigate or assess *Cathy Zedd Counseling, LLC's* compliance with HIPAA regulations.

of Disclosure is Otherwise Specifically Required by Law.

In the Following Cases, Cathy Zedd Counseling, LLC Will Never Share Your Information Unless You Give us Written Permission: Marketing purposes, sale of your information, most sharing of psychotherapy notes, and fundraising. If we contact you for fundraising efforts, you can tell us not to contact you again.

Other Uses and Disclosures Require Prior Written Authorization:

In any situation not covered by this notice, *Cathy Zedd Counseling, LLC* will ask for your authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying *Cathy Zedd Counseling, LLC* in writing of your decision. You understand that *Cathy Zedd Counseling, LLC* is unable to take any disclosures it has already made with your permission, *Cathy Zedd Counseling, LLC* will continue to comply with laws that require certain disclosures, and *Cathy Zedd Counseling, LLC* is required to retain records of care that its therapists have provided to

RIGHTS YOU HAVE REGARDING YOUR PHI:

The Right to See and Get Copies of Your PHI either in paper or electronic format:

In general, you have the right to see your PHI in *Cathy Zedd Counseling, LLC's*

possession, or to get copies of it; however, you must request it in writing. If *Cathy Zedd Counseling, LLC* does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from *Cathy Zedd Counseling, LLC* within 30 days of receiving your written request. Under certain circumstances, *Cathy Zedd Counseling, LLC* may feel it must deny your request, but if it does, *Cathy Zedd Counseling, LLC* will give you, in writing, the reasons for the denial. *Cathy Zedd Counseling, LLC* will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable fee per page and the fees associated with supplies and postage. *Cathy Zedd Counseling, LLC* may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that *Cathy Zedd Counseling, LLC* limit how it uses and discloses your PHI. While *Cathy Zedd Counseling, LLC* will consider your request, it is not legally bound to agree. If *Cathy Zedd Counseling, LLC* does agree to your request, it will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. You do not have the right to limit the uses and disclosures that *Cathy Zedd*

Counseling, LLC is legally required to be permitted to make.

3. The Right to Choose How Cathy Zedd Counseling, LLC Sends Your PHI to You: You have the right to ask that your PHI be sent to you at an alternate address (for example, send information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). *Cathy Zedd Counseling, LLC* is obligated to agree to your request providing that we can give you the PHI, in the format you request, without undue inconvenience.

4. The Right to Get a List of Disclosures: You are entitled to a list of disclosures of your PHI that *Cathy Zedd Counseling, LLC* has made. The list will include uses or disclosures to which you have not specifically authorized (i.e., those disclosures for treatment, payment, or health care operations sent directly to you, or to your family; nevertheless, the list will include disclosures made for national security purposes, or to correctional law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14,

Cathy Zedd Counseling, LLC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. *Cathy Zedd Counseling, LLC* will provide the list to you at no cost, unless you make more than one request in the same year, in which

we will charge you a reasonable sum based on a per page fee for each additional request.

Right to Choose Someone to Act for

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health care on your behalf. We will make sure the person you choose has the authority and can act for you before we take any action.

Right to Amend Your PHI:

If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that *Cathy Zedd Counseling, LLC* correct the existing information or add the missing information. You must request and the reason for the request must be made in writing. You will receive a response within 60 days of *Cathy Zedd Counseling, LLC's* receipt of your request.

Cathy Zedd Counseling, LLC may deny your request, in writing, if it finds that the PHI is: (a) incorrect and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) requested by someone other than *Cathy Zedd Counseling, LLC*. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written objection to the denial. If you do not file a written objection, you still have the right to request that your request and *Cathy Zedd Counseling, LLC's* denial will be attached to future disclosures of your PHI. If *Cathy Zedd Counseling, LLC* approves your request, we will make the change(s) to your PHI. Additionally, *Cathy Zedd Counseling, LLC* will

tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

6. The Right to Get This Notice by Email:

You have the right to get this notice by email. You have the right to request a paper copy of it as well.

7. Submit all Written Requests: Submit to *Cathy Zedd Counseling, LLC's* Director and Privacy Officer, Cathy Zedd, at the address listed on top of page one of this document.

VIII. COMPLAINTS:

If you are concerned that your privacy rights may have been violated, or if you object to a decision *Cathy Zedd Counseling, LLC* made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. *Cathy Zedd Counseling, LLC* will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Please discuss any questions or concerns with your therapist. Your signature on the "Information, Authorization, and Consent to Treatment" (provided to you separately) indicates that you have read and understood this document.

IX. Cathy Zedd Counseling, LLC's

Responsibilities: We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the

privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, we may change your mind at any time. Let us know in writing if you change your mind.

Date of Last Revision: [09/23/13](#)