



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PathLight Counseling LLC AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective June 1, 2014. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and related federal regulations. If you have questions about this notice please contact Britt Parramore, DIRECTOR LPC, at 678-568-2285. PATHLIGHT COUNSELING LLC is a Corporation in the state of Georgia responsible for providing a variety of professional services which deal with mental health and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and PATHLIGHT COUNSELING LLC must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how PATHLIGHT COUNSELING LLC may use and disclose any Protected Health Information (PATIENT INFORMATION) for treatment, payment, health care operations and for certain other purposes. This notice relates only to health information. It describes your rights to access and control any PATIENT INFORMATION, and provides information about your right to make a complaint if you believe PATHLIGHT COUNSELING LLC has improperly used or disclosed any "PATIENT INFORMATION." Protected health information is information that may personally identify you or the child(ren) and relates to any past, present or future physical or mental health or condition and related health care services. PATHLIGHT COUNSELING LLC 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 PATIENT INFORMATION that PATHLIGHT COUNSELING LLC maintains at the time of issuance. Upon request, PATHLIGHT COUNSELING LLC will provide you with a revised Notice of Privacy Practices by posting copies at its' facilities, publication on PATHLIGHT COUNSELING LLC's website, in response to a telephone or facsimile request to the DIRECTOR, or in person at any facility where you receive services from PATHLIGHT COUNSELING LLC

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Any PATIENT INFORMATION may be used and disclosed by PATHLIGHT COUNSELING LLC, its' employees, contractors, agents and attorneys for the purpose of providing mental health services to you. Protected health information is routinely needed in order to ensure proper mental health treatment.

Treatment: Any PATIENT INFORMATION may be used to provide, coordinate, or manage your or your child's mental health services, including coordination with a third party that has your permission to have access to any PATIENT INFORMATION, such as other health care professional who may be treating you or your child(ren), a health care specialist or laboratory.

Payment: Your PATIENT INFORMATION or that of the child(ren) may be used to obtain payment for you or your child(ren)'s health care services.

Health Care Operations: PATHLIGHT COUNSELING, LLC may use or disclose any PATIENT INFORMATION to support the business activities of PATHLIGHT COUNSELING LLC including, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. PATHLIGHT COUNSELING LLC may use a sign-in sheet at the registration desk at any facility

or office where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and any PATIENT INFORMATION may be used to contact you about appointments and/or for other operational reasons. Any may be shared with third party “business associates” who perform various activities that assist us in the provision of your or your child(ren)’s mental health services.

Other uses and disclosures of any patient information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object

The Department may use and/or disclose any information to a court of law, to a family member, relative or any other persons you identify on the PATHLIGHT COUNSELING LLC Authorization Form. You have the opportunity to agree or object to the use and/or disclosure of all or part of any patient information

Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object

PATHLIGHT COUNSELING LLC may use or disclose any patient information without your authorization when required to do so by law; for public health purposes, to a person who may be at 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 proceedings, and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director, for certain approved research purposes, to prevent or lessen a threat to health or safety, and to law enforcement authorities for identification or apprehension of an individual.

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

2. YOUR RIGHTS UNDER THE FEDERAL PRIVACY RULE

The following is a statement of your rights with respect to any PATIENT INFORMATION and a brief description of how you may exercise these rights:

a. You have the right to inspect and copy your protected health information.

Upon written request, you may inspect and obtain a copy of any PATIENT INFORMATION for as long as the Department maintains the PATIENT INFORMATION. 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 PATIENT INFORMATION that is subject to a federal or state law prohibiting access to such information.

b. You have the right to request restriction of your protected health information.

You may ask in writing that PATHLIGHT COUNSELING LLC not use or disclose any part of any PATIENT INFORMATION for the purposes of treatment, payment or healthcare operations, and not to disclose PATIENT 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. PATHLIGHT

COUNSELING LLC is not required to agree to a restriction you request, and if PATHLIGHT COUNSELING LLC believes it is in your best interest to permit use and disclosure of any PATIENT INFORMATION, the PATIENT INFORMATION will not be restricted, except as required by law. If PATHLIGHT COUNSELING LLC does agree to the requested restriction, PATHLIGHT COUNSELING LLC may not use or disclose any hippa in violation of that restriction unless it is needed to provide emergency treatment.

c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

Upon written request, PATHLIGHT COUNSELING LLC will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. PATHLIGHT COUNSELING LLC will not request an explanation from you as to the basis for the request.

d. You may have the right to request amendment of any protected health information.

If PATHLIGHT COUNSELING LLC created any PATIENT INFORMATION, you may request in writing an amendment of that information for as long as it is maintained by PATHLIGHT COUNSELING LLC.

PATHLIGHT COUNSELING LLC 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 PATHLIGHT COUNSELING LLC has made of any protected health information.

This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures PATHLIGHT COUNSELING LLC made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

f. You have the right to obtain a paper copy of this notice from PATHLIGHT COUNSELING LLC.

3. COMPLAINTS RELATED TO USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION OR RIGHTS

You may complain to PATHLIGHT COUNSELING LLC and to the Secretary of Health and Human Services if you believe your health information privacy rights have been violated. You may file a complaint, in writing, with PATHLIGHT COUNSELING LLC which maintains any PATIENT INFORMATION. You must state the basis for your complaint. PATHLIGHT COUNSELING LLC will not retaliate against you for filing a complaint. You may contact Britt Parramore, DIRECTOR LPC, at 678-568-2285 or by email to Attn: Britt Parramore, DIRECTOR LPC, PATHLIGHT COUNSELING LLC, at pathlight119@gmail.com for further information about the complaint process, this notice, or your rights set forth above. Please sign a copy of this Notice of Privacy Practices for PATHLIGHT COUNSELING LLC's records.

I have read this Notice on the date indicated below.

Print: Client or Guardian

Signature: Client or Guardian

Date

