

WMH PROFESSIONAL COUNSELING & ASSESSMENT SERVICES, INC.

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NOTICE OF PRIVACY PRACTICES

***PLEASE REVIEW THIS CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME***

This notice describes how medical information about you may be disclosed and how you can get access to this information. I am required by law to provide you with this information because of the privacy regulations of a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the state laws are rather complicated, I have attempted to simplify the information.

If you have any questions about the information contained in this privacy policy, please do not hesitate to ask me. Each practice must have a designated Privacy Officer and because I am a sole practitioner, I am the designated Privacy Officer for my practice. I have no employees or Business Associates at this time. Business Associates, as related to HIPAA, refers to secretaries, copy service, billing service, etc. I handle all of my own administrative duties.

The HIPAA law requires me to keep your Protected Health Information private and to give you this notice of my privacy policy and legal duties which is called the Notice of Privacy Practices or NPP. When I read your information it is called "use", in the law. If your information is shared with others outside of myself it is called "disclosure", in the law. When I disclose your Protected Health information with others I share only the minimum necessary information needed for the purpose. The law gives you the right to know about your PHI, how it is used and to have the right say how it is disclosed.

After you have read this NPP I will ask you to sign a Consent Form to allow me to use and share you information. ***If you do not consent and sign this form, I cannot treat you.***

Each time you visit me or any healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment you received from others, or myself or about payment for healthcare. The information I collect from you is called PHI, which stands for Protected Health Information. This information goes into your healthcare record or file.

Generally, I use your PHI for three purposes: treatment, obtaining payment and healthcare operations. I use your information to bill you or your insurance company to be paid for treatment I provide to you. I have to tell your insurance company about your diagnosis, what services you received, your progress and treatment plan.

This PHI is likely to include these kinds of information:

- Social and medical history.
- Reasons you came for treatment/counseling. (i.e., symptoms, goals).
- Diagnosis(s).
- Treatment Plan.
- Progress Notes.
- Records I receive from other professionals who have evaluated/treated you.
- Psychological test results.
- Medications you took or are taking.
- Legal matters, if applicable.
- Billing and insurance information.

(OVER)

I use this information for the following purposes:

- To plan your treatment.
- To decide how well the treatment plan is working.
- When I talk to other healthcare professionals who are treating you.
- When I talk to other healthcare professionals who referred you to me.
- To show that you actually received the services for which I bill you or your health insurance company.

If I want to disclose (share, send, release) your information for any purpose other than TPO, I will need your written permission on an Authorization form. You have a right to ask me to limit what I tell certain individuals involved in your care, such as friends and family members. I will discuss this with you and ask you to sign an Authorization form to allow this.

The law requires me to disclose information without your consent in certain situations. The following situations are:

1. I have to report suspected child abuse.
2. If you are involved in a lawsuit or legal proceeding and I receive a subpoena, I may have to disclose information.
3. If I receive a court order to disclose information, I will have to obey the order.
4. When there is a serious threat to your health and safety or the health and safety of another individual or public. I will only share information with a person or organization that is able to help prevent or reduce the threat.
5. I may have to disclose information to the government agencies that check on healthcare providers, like myself, to see that we are obeying the privacy laws.

Although your health record is the physical property of the healthcare provider who collected it, in this case myself, the information belongs to you. You have a right to inspect, read or review it. If you want a copy I can provide this; however, there may be a charge for the costs of copying and mailing if you want it mailed to you. In some situations you cannot see all of what is in your records. I will be happy to explain this to you.

You may request how I contact you, for example, if you wish to be contacted at home only or at work only or by cell phone only, etc.

If you find anything in your record that you think is incorrect or you think something important is missing you can ask me to change (amend) your record although in some rare situations I don't have to agree to do that.

You have a right to a copy of this notice. You have a right to file a complaint if you feel your privacy rights have been violated. You can file a complaint with myself. Filing a complaint will not change the care I provide you. You can also file a complaint with the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C.

Effective Date: April 14, 2003