

## NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

Effective 11/1/2013

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THEIR INFORMATION.

PLEASE REVIEW THIS CAREFULLY.

I respect client confidentiality and only release confidential information about clients in accordance with state and federal law. This notice describes my policies related to the use of the records of client care generated by this clinic.

**Privacy Contact.** If you, the client, have any questions about this policy or your rights contact: Christopher K. Belous, PhD LMFT at (678) 547-6779.

### USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide client care, there are times when I will need to share confidential information with others beyond this therapy setting.

This includes for:

- **Treatment.** I may use or disclose treatment information about clients to provide, coordinate, or manage care or any related services; including sharing information with others outside this setting that I am consulting with or referring the client to.
- **Payment.** If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting the client's guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.
- **Healthcare Operations.** We may use information about the client to coordinate our business activities. This may include setting up appointments, reviewing treatment care, training staff, and/or accreditation surveys.
- **Right to Restrict Disclosure of Certain Protected Health Information.** You have the right to request a restriction on disclosures of your protected health information (PHI) if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); and (2) the PHI relates to a health care item or service for which the provider has already been paid by you in full.
- **Right to Accounting of Electronic Health Records.** If a covered entity maintains an electronic health record about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

**Information Disclosed Without Client Consent.** Under state and federal law, information about clients may be disclosed without client consent in the following circumstances:

- **Emergencies.** Sufficient information may be shared to address the immediate emergency the client is facing.
- **Follow-Up Appointment/Care.** I may be contacting the client to remind him/her of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to the client. I will leave appointment information on the client's answering machine unless instructed otherwise.
- **As Required by Law.** This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and/or neglect such as child abuse or elder abuse.
- **Coroners.** We are required to disclose information about the circumstances of a client's death to a coroner who is investigating it.
- **Governmental Requirements.** I may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. I am also required to share information, if requested, with the Department of Health and Human Services to determine my compliance with federal laws related to health care.
- **Criminal Activity or Danger to Others.** If a crime is committed on my premises or against myself, I may share information with law enforcement to apprehend the criminal. I also have the right to involve law enforcement when I believe someone is in imminent danger.

### CLIENT RIGHTS

Clients have the following rights under state and federal law:

- **Copy of Record.** Clients are entitled to inspect their records produced by Christopher K. Belous, PhD LMFT. I may charge clients a reasonable fee for copying and mailing the record to them or for reviewing the record in person with the attending clinician.
- **Release of Records.** Clients may consent in writing to release of their records to others, for any purpose they choose. This could include an attorney, employer, or others who the client wishes to have knowledge of his/her care. Clients may revoke this consent at any time, but only to the extent no action has been taken in reliance on their prior authorization. I may charge the client or the requestor a reasonable fee for copying and mailing their record.

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Located within the Mercer Family Therapy Center – 1938 Peachtree Rd, Suite 107, Atlanta GA 30309

Ph. (678) 547-6779 ■ Fax (678) 547-6882 ■ [belous\\_ck@mercer.edu](mailto:belous_ck@mercer.edu)

### Christopher K. Belous, PhD LMFT

- *Restriction on Record.* The client may ask me not to use or disclose part of the clinical information. This request must be in writing. Christopher K. Belous, PhD LMFT is not required to agree to this request if I believe it is in the client's best interest to permit use and disclosure of the information. This request should be presented to Christopher K. Belous, PhD LMFT.
- *Contacting the Client.* The client may request that I send information to another address or by alternative means. I will honor such a request as long as it is reasonable and I am assured it is correct. I have a right to verify that the payment information provided is correct. I also will be glad to provide information by e-mail if requested. If the client wishes us to communicate by e-mail, the client is also entitled to a paper copy of this privacy notice.
- *Amending Record.* If the client believes something in their record is incorrect or incomplete, they may request it be amended by contacting Christopher K. Belous, PhD LMFT and asking to amend their health information. In certain cases, we may deny the request. If we deny the request for an amendment, the client has a right to file a statement disagreeing with Christopher K. Belous, PhD LMFT. I will then file our response. The client's statement and my response will be added to the client's record.
- *Accounting for Disclosures.* Clients may request an accounting of any disclosures I have made related to their confidential information, except for information we used for treatment, payment, or health care operations purposes; information that we shared with the client or their family; or information that the client gave me specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years, a written request should be made to Christopher K. Belous, PhD LMFT, 1938 Peachtree Rd NW, Suite 107, Atlanta GA 30309. I will notify the client of the cost involved in preparing this list.
- *Questions and Complaints.* If clients have any questions, wish a copy of this Policy, or have any complaints, this should be sent in writing to the Christopher K. Belous, PhD LMFT. Clients also may complain to the Secretary of the U.S. Department of Health and Human Services if they believe Christopher K. Belous, PhD LMFT has violated their privacy rights. I will not retaliate against a client for filing a complaint.

*Changes in Policy.* Christopher K. Belous, PhD LMFT reserves the right to change its Privacy Policy based on the needs of the clinic and changes in state and federal law.

### CLIENT RIGHTS STATEMENT

The following rights are extended to each client receiving services with Christopher K. Belous, PhD LMFT, for all ages without reservation or limitation:

1. The right of confidentiality: The client has the right to every consideration of privacy concerning his or her medical care program, including HIV status and testing. All case discussion, consultation, communications, records, and medical information pertaining to his or her care will be treated as private and confidential.
2. Medical records may only be inspected or removed from the program office with administrative approval and written authorization of the client, or by law or court process. All communications and records pertaining to his/her care will be treated as confidential by Christopher K. Belous, PhD LMFT, except in cases such as suspected abuse and public health hazards (i.e. potential for violent or criminal activity toward self or another) when reporting is permitted or required by law.
3. The right to have impartial access to treatment regardless of age, psychological characteristics, sexual orientation, physical condition, race, religion, gender, ethnicity, marital status, HIV status, criminal record, or source of financial support.
4. The right to have personal dignity recognized and respected in the provision of all care and treatment.
5. The right to religious freedom.
6. The right to receive individualized treatment including the provision of an individualized treatment plan based upon information of all assessments, active participation in the development of the treatment plan by the client with periodic review of the plan by Christopher K. Belous, PhD LMFT.
7. The right to make decisions about the treatment plan prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action.
8. The right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
9. The right to obtain from clinician, relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
10. The right to review the records pertaining to his/her treatment and to have the information explained or interpreted as necessary, except when restricted by law. If the client requests a copy of his/her records, we may charge the client a reasonable fee for copying and mailing the record.
11. The right to expect that, within its capacity and policies, the practice will make reasonable response to the request of a client for appropriate and medically indicated care and services. Christopher K. Belous, PhD LMFT must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a client has so requested, a client may be transferred to another clinician's care. The clinician to whom the client is to be transferred must first have accepted the client for transfer. The client must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The right to ask and be informed of the existence of business relationships among the clinic, hospital, educational institutions, other health care providers, or payers that may influence the client's treatment and care.
13. The right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct client involvement, and to have those studies fully explained prior to consent. A client who declines to participate in research or experimentation is entitled to the most effective care that the clinic can otherwise provide.

**Christopher K. Belous, PhD LMFT**

14. The right to receive prescribed services within the least restrictive but appropriate environment.
15. The right to assurance and protection of privacy and confidentiality of communication with treatment staff, and of material written in the client's individualized record.
16. The right to be presumed mentally competent unless a court has ruled otherwise.
17. The right to a clean and humane environment in which the client is protected from harm, has privacy with regard to personal needs, and is treated with respect and dignity.
18. The right to be free from mistreatment, abuse, neglect, and exploitation.
19. The right to know that seclusion and restraint will not be used. 911 will be called when a client is noncompliant, aggressive, combative, or assaultive, and staff perceives a volatile or threatening situation.
20. The right to know that Christopher K. Belous, PhD LMFT facilities are tobacco-free. Tobacco use is allowed in designated areas outside of the building, within state regulations/laws, during breaks and any other non-programming hours.
21. The right to know that no illicit drugs are to be brought to Christopher K. Belous, PhD LMFT. Licit drugs are allowed and clients should take precautions to maintain the security of any licit medications brought into the facility. Clients are required to keep their purses and/or medication on their persons and not to leave them unattended.
22. The right to know that for the protection of all, dangerous items will be confiscated and held secure as contraband. Staff will determine what is to be designated as contraband.
23. The right to expect reasonable continuity of care when appropriate and to be informed by Christopher K. Belous, PhD LMFT of available and realistic client care options. The client will be fully informed of any recommendations for transition to another level of care with information as to why staff feels this transition to be appropriate. This is done during treatment planning with the client.
24. The right to be informed that Christopher K. Belous, PhD LMFT has the right to terminate care with a 30 day written notification given to the client with a listing of referrals for continuity of care.
25. The right to request access or referral to legal entities for appropriate representation or to self-help and advocacy support services.

**Filing of Complaints against HIPAA-covered entities believed to be non-compliant with HIPAA Privacy Rule**

Complaints must be written to the Secretary of Health and Human Services if they have occurred on or after April 14, 2003, and meet the following requirements:

- Be filed in writing, either on paper or electronically;
- Name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements;
- Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown;

Electronic complaints should be sent to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Mailed complaints must be addressed to the OCR regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located. See below for the appropriate address for filing complaints:

Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Timothy Noonan, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice Phone (800) 368-1019  
FAX (404) 562-7881  
TDD (800) 537-7697

**THIS FORM IS TO BE KEPT BY THE CLIENT**