

**Georgia Department of Behavioral Health  
& Developmental Disabilities**

**NOTICE OF PRIVACY PRACTICES FORM**

Per DBHDD Policies 23-100 and 23-101

Facility/Program/Hospital Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective November 10, 2015. It is provided to you under the Health Insurance Portability and Accountability Act of 1996 and related federal regulations (together referred to as "HIPAA") and provides some additional information about other federal and state confidentiality protections. If you have questions about this Notice please contact the facility where you receive services (your treatment provider or services provider) or DBHDD's Privacy Officer at the address below.**

DBHDD is an agency of the State of Georgia responsible for certain programs which deal with medical, mental health, developmental disabilities, addictive disease, and other confidential information. DBHDD must comply with strict requirements of federal and state laws regarding confidential information. For situations where stricter disclosure requirements do not apply, this Notice of Privacy Practices describes how DBHDD may use and disclose your "protected health information" for treatment, payment, health care operations, and 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, and payment for services. DBHDD is also required to provide you this Notice of Privacy Practices, and to abide by its terms. DBHDD may change the terms of this notice at any time. A new notice will be effective for all protected health information that DBHDD maintains at the time of issuance. DBHDD will provide you with any revised Notice of Privacy Practices by posting copies at its facilities, publication on DBHDD's website, in response to a telephone or facsimile request to the Privacy Officer, or in person at any facility where you receive services.

**1. Your Rights:** The following is a statement of your rights about your protected health information and 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 your advance directive says so. To exercise any of these rights, you may contact the staff person named in Section 7 below, 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 DBHDD maintains the protected health information. This information includes medical and billing records and other records DBHDD 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, if you agreed to this restriction in advance.

**b. You have the right to request restriction of your protected health information:** You may ask DBHDD 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. Your request must be in writing, and it must state the specific restriction you are requesting and to whom you want the restriction to apply. DBHDD is not required to agree to a restriction you request, and DBHDD may not prevent disclosures to the Secretary of Health and Human Services or any disclosure that is required by law. If DBHDD 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 DBHDD does agree to your request, DBHDD may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. DBHDD must agree to a restriction if you request to restrict disclosure of your protected health information to a health plan when: (1) the disclosure is for the purpose of payment or health care operations and is not otherwise required by law; AND (2) the protected health information is about only a health care item or service for which you, or a person other than a health plan on your behalf, have paid DBHDD in full.

**c. You have the right to request to receive confidential communications from us, including billing and payment information, by alternative means or at an alternative location:** If you request it in writing, DBHDD will agree to reasonable requests for alternative means for sending confidential information to you. Your request must tell us how or where you wish to be contacted, or provide an alternative means of payment if necessary. DBHDD will not ask you the reason for your request.

**d. You have the right to request amendment of your protected health information:** If DBHDD created your protected health information; you may request an amendment of that information for as long as it is kept by or for DBHDD. DBHDD may deny your request, and if it does so will provide information as to any further rights you may have about the denial.

**e. You have the right to receive an accounting of certain disclosures DBHDD has made of your protected health information:** You have the right to receive legally specified information about disclosures of your protected health information that DBHDD made in the six (6) years before your request, with certain exceptions, restrictions and limitations. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, and does not apply to any disclosures DBHDD 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.

**f. Notice of Breach.** DBHDD has put in place reasonable policies and procedures to protect the privacy and security of your protected health information. DBHDD will notify you, as required by law, if there is an unauthorized acquisition, access, use or disclosure of your protected health information. The law may not require notice to you in all cases.

**f. You have the right to obtain a paper copy of this notice from DBHDD,** upon request at any time. You can also find this Notice on our website, <http://dbhdd.georgia.gov/>.

**2. Uses and Disclosures of Protected Health Information:** DBHDD, its administrative and clinical staff and others involved in your care and treatment, may use and disclose your protected health information to provide health care services to you, and in obtaining payment of your health care bills.

**a. Treatment:** DBHDD may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a current, former, or identified future third party provider. For example, we may disclose your treatment or services plan to a health care professional who is treating you, or who is named in your Individualized Recovery Plan or Individualized Service Plan and will be your provider upon your discharge or transition; 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:** DBHDD may use and disclose your protected health information to obtain payment for your health care services. For example, your health insurance plan may require protected health information about you to make a determination of eligibility or coverage, or to review services provided to you for medical necessity, before your health insurance plan approves or pays for your health care services. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in obtaining payment; business associates and any subcontractors they may have are also required by law to keep your protected health information confidential.

**c. Health Care Operations:** DBHDD may use or disclose your protected health information for the business activities of DBHDD, including, for example, but not limited to, quality assessment activities, employee review activities, training, and licensing activities. We may also use your protected health information to contact you about appointments or for other operational reasons. DBHDD may also use or disclose your protected health information to third party "business associates" who perform various activities that assist us in providing services to you. Some examples of our business associates might include, but are not limited to, the Georgia Collaborative ASO for care management, the Georgia Crisis Access Line for access to crisis or non-crisis services and referrals, Beacon Health Operations for quality management and outcomes review, and the Delmarva Foundation for utilization management. Business associates and any subcontractors they may have are also required by law to keep your protected health information confidential.

**d. Your Representatives:** If you are in a DBHDD hospital, you are allowed to name a representative to receive certain protected health information about you, or DBHDD must name a representative for you if you do not name one. DBHDD will also name a second representative for you, according to Georgia law. DBHDD is not required to seek your authorization in order to inform your representatives of your admission to the hospital, and of your discharge. Unless there is an emergency,

you will have a chance to object to other disclosures to your representatives about the development of your Individualized Recovery Plan (IRP) for behavioral health treatment or services, your treatment under the IRP, and certain substantial changes to your IRP.

**3. You may Authorize or Object to certain other Permitted or Required Uses and Disclosures of your protected health information:** 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. DBHDD 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 if DBHDD has written authorization signed by you (or if you have one, your guardian, parent or legal custodian if you are a minor, or your healthcare agent if you have an advance directive currently in effect). Your written authorization may be revoked at any time. DBHDD will not be able to retract any disclosures of your protected health information that were previously authorized. DBHDD may disclose all or part of your protected health information when authorized in writing.

**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 DBHDD, 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. HIV/AIDS confidential information:** Although HIV infection is required to be reported or disclosed in some circumstances under state law, AIDS confidential information, including HIV status or testing information is generally confidential under state law. Other than required disclosures listed at 4.d. below, DBHDD will not disclose AIDS confidential information without your authorization.

**c. Psychotherapy notes:** Authorization is required for use or disclosure of psychotherapy notes not maintained in your medical record. This authorization may not be required for disclosure of psychotherapy notes about you to the criminal court and attorneys if a DBHDD hospital or its outpatient team is evaluating your mental status to go to trial on criminal charges, or evaluating your mental status at the time you committed a criminal act.

**c. Health Information Networks or Exchanges:** Health information exchanges allow health care providers, including DBHDD, to share and receive health information about individuals receiving our services, which helps in the coordination of your care. DBHDD participates in health information networks that can make your protected health information available electronically to your other providers who are members of the networks. For individuals who have signed an authorization to allow sharing of their protected health information (including alcohol or drug treatment or services information they may have) with their other providers, DBHDD shares protected health information electronically with those other Health Information Exchange members through the Georgia Health Information Network (GaHIN).

**d. Complaints about Your Treatment:** If DBHDD receives a complaint about your treatment or services, such as from your representative or family member, DBHDD will not disclose your protected health information to that person in response to the complaint, unless you have signed an authorization for us to disclose your protected health information.

**e. Marketing and Fundraising:** If DBHDD wishes to use your protected health information for fundraising (for instance, to put your name on a mailing list for requesting a donation to patient benefit funds), or for marketing (for instance, to advertise our treatments and services by using your protected health information) we will first request your authorization.

**4. Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object:** DBHDD may use or disclose your protected health information without your authorization when the law allows it or requires it.

**a. Persons involved in your care:** DBHDD can use or disclose your protected health information without your authorization, to your court-appointed guardian, if you have a guardian; to your parent or court-appointed custodian if you are a minor, or to your healthcare agent that you have named in an advance directive that is currently in effect.

**b. Regarding your health care:** DBHDD can use or disclose your protected health information without your authorization, to a health care professional or facility that is named in your Individualized Recovery Plan or Individualized Services Plan, for continuity of your care; to an emergency services provider when clinically required; and in hearings regarding your hospitalization or commitment to the hospital. If you were admitted to a DBHDD facility involuntarily, DBHDD can give notice to

the healthcare provider or court that referred you to the hospital, if you transfer to voluntary status or when you are discharged. DBHDD can disclose your protected health information to a health oversight agency, for instance, for audits, investigations, inspections and licensure of a DBHDD facility or program.

**c. Legal requirements:** DBHDD may use or disclose your protected health information without your authorization when required to do so by law, to a law enforcement authority or other state agency authorized to receive reports of abuse or neglect. DBHDD may be required by law to use or disclose your protected health information such as by court order in a lawsuit. If we receive a subpoena for your protected health information, we will either notify you of the subpoena, or we will ask the attorney seeking your records to get a protective order for the confidentiality of your protected health information. In the event of your death, DBHDD may use or disclose your protected health information to a coroner or medical examiner in Georgia, an organ or tissue donation organization, and to the legal representative of your estate.

**d. HIV/AIDS confidential information and Other reportable diseases:** Georgia law requires DBHDD to report to the Georgia Department of Public Health if you have a disease that is reportable for the protection of public health. This includes HIV infection and other diseases. If you are HIV-positive, DBHDD may also disclose this information in certain circumstances to protect persons at risk of infection by you, including your family and health care providers. DBHDD may also disclose HIV testing or diagnosis information in certain circumstances if we petition the court for an order committing you for involuntary hospitalization or in related legal proceedings. Otherwise, HIV/AIDS information is confidential. See also section 3.b., above.

**5. Required Uses and Disclosures:** Under the law, DBHDD 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 DBHDD's compliance with HIPAA requirements.

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

a. DBHDD does not sell protected health information of any individual.

b. DBHDD facilities do not maintain directories of admissions.

**7. Complaints and Additional Information:** You may complain to 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 DBHDD facility or program, or with your treatment provider or services provider under contract or agreement with DBHDD which maintains your protected health information at telephone \_\_\_\_\_, fax number \_\_\_\_\_, or by mail to \_\_\_\_\_ . 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, fax number (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.

Please sign a copy of this Notice of Privacy Practices for your provider's and DBHDD's records. I have received a copy of this Notice on the date indicated below.

\_\_\_\_\_  
Signature of Individual or Legally Authorized Person

\_\_\_\_\_  
Date