

of the law. You will be notified, to the extent required by law, of any such uses or disclosures.

PHI may be disclosed without your authorization for the following:

- In times of disaster to assist your family regarding your status via external agencies (e.g., Red Cross).
- For health oversight to a health agency for activities authorized by law (e.g., audits, investigations).
- For Workers' Compensation to comply with workers' compensation laws and other similar programs.
- PHI may be disclosed to prevent a serious threat to your health and safety, to the public, or any other person and may include the following: Prevention/control of disease, injury or disability, Report of births & deaths, Report of reactions to medications or problems with products, Notification of recalls of products being used by the consumer
- Notification to governmental agencies regarding suspected physical, sexual, or verbal abuse; suspected neglect; suspected domestic violence.
- Notification of individuals who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify government authorities, as required by law, if it is believed that a client has been the victim of abuse, neglect or domestic violence
- Lawsuits and Disputes. PHI may be disclosed in response to a court order.
- Law Enforcement. PHI may be released if asked to do so by a law

enforcement official and if the release of that information is permitted by law.

- Coroners, Medical Examiners and Funeral Directors. PHI may be released to a medical examiner or coroner if necessary to identify a deceased person or to determine the cause of death.
- PHI may be released to authorized federal officials for national security activities as authorized by law.
- PHI may be released to a correctional facility if it is necessary for the facility to provide the inmate with health care.

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (NOPP) describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this notice carefully.

PUBLICATION DATE:	01/03/06
--------------------------	-----------------

If you believe your privacy rights have been violated:

You may file a complaint with Coastal Counseling Center by contacting the agency's Privacy Officer by calling (912) 729-1120 or in writing to Coastal Counseling Center, 104 Lakeshore Drive, Suite D, St Marys, Georgia 31558.

You may file a complaint with the U.S. Department of Health and Human Services by calling (800) 368-1019 or in writing to 200 Independence Avenue, S.W., Washington, D.C. 20201.

COASTAL COUNSELING CENTER
104 Lakeshore Drive ■ Suite D
St Marys, Georgia 31558
Phone: (912) 729-1120
Fax: (912) 729-1150

This notice is to explain the rules around the privacy of your own medical/health records and Coastal Counseling Center's legal duties on how to protect the privacy of your medical/health records that we create or receive. This Notice will explain:

- How we may use and disclose your medical/health information;
- Our obligations related to the use and disclosure of your medical/health information; and
- Your rights related to any medical/health information that we have about you.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record contains **Protected Health Information (PHI)** about you including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition. This information, which is often referred to as your health or medical record, may serve as the following:

- A basis for planning your care and treatment;
- A means of communication among the many health professionals who are involved in your care;
- A means by which you or a third-party payer can check that services billed were actually provided.

Coastal Counseling Center is required by law to maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this NOPP at any time. Any new NOPP will be effective for all PHI that is maintained at that time. We will provide

you with a copy of the revised NOPP either by mail or during your next appointment.

Your Rights Regarding Your PHI

Although your health record is the physical property of Coastal Counseling Center, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Inspect and obtain a copy of your PHI that may be maintained by us. We may deny your request in certain circumstances as allowed by law or if there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- Request a restriction on certain uses and sharing of your PHI with others. The Center is not required to agree to such requests.
- Request an amendment to your PHI. We may deny your request for an amendment if you ask us to amend information is accurate and complete or for other reasons as allowed by law. We cannot alter third-party information.
- Request that we communicate PHI by alternative means or at alternative locations.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Take back your authorization to use or share health information except to the extent that action has already been taken.

Use & Disclosure of PHI

Treatment: PHI about you may be used to provide, coordinate, or manage your health care and any related services. We may disclose medical information about you to qualified persons who are involved

in providing services for you. For example, we may disclose information to your primary healthcare provider.

Payment: PHI about you may also be used to facilitate and coordinate payment for your health care services. For example, we may need to provide your insurance carrier or applicable funding source with information about the services you have been or will be receiving so payment to the Center may be authorized. This process may also include certain activities that your health plan may undertake before it approves or pays for your health care services such as: (1) determining eligibility or coverage, (2) reviewing services provided for medical necessity, and (3) utilization review activities.

Health Care Operations: PHI about you may be used/disclosed for agency operations. For example, we may use PHI for quality improvement to review our treatment and services and to evaluate the performance of our staff in caring for clients.

Business Associates: PHI about you may be shared with third party "business associates," with whom we officially contract, that perform various activities (e.g., legal services, computer services) for us.

Other Uses and Disclosures of PHI: Use and/or disclosure of PHI other than for treatment, payment and health care operations will be made only with your written authorization, unless otherwise permitted or required by law.

PHI about you may be used or disclosed without your consent or authorization to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements