



Road to Restoration Counseling Services
1300 Ridenour Blvd. Ste. 100
Kennesaw, GA. 30152
678-819-3794

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE LAST PAGE.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to all of the records of your care generated by Gina Barthelemy-Morton, LPC. Gina Barthelemy-Morton is required to provide this notice by new federal legislation.

Please note that insurance companies have many rules and requirements specific to certain plans. If RTR provides service to you under an agreement with a managed care organization, we must provide that organization with detailed personal information about you. In most cases, they have a right to obtain a copy of your entire file and all notes we have recorded in it. We encourage you to carefully weigh the economic benefits of using insurance against the privacy risks that arise from sharing the information described above. You will maintain much greater control over potentially sensitive details of your life by paying privately for services.

Please note that email and any attachments may contain privileged and confidential information and/or protected health information (PHI) intended solely for the use of the client(s). If you are not the recipient, or the employee or agent responsible for delivering email message to the intended client(s), you are hereby notified that any review, dissemination, distribution, printing or copying of this email message, and/or any attachments is strictly prohibited. If you have received this transmission in error, please notify these sender immediately and permanently delete this email and any attachments. This message is automatically attached to all emails I send.

I am required to provide this notice by new federal legislation [the Health Information Portability and Accountability Act ('HIPAA')]. The privacy of information sent via email cannot be guaranteed. I encourage you to consider this fact before communicating any information to me that you would prefer to keep confidential. Without your consent, I cannot communicate with you via email about anything that would be considered Protected Health Information (PHI), that is, information that may identify you and that relates to your past, present or future physical or mental health or condition and related physical or mental health care services. Therefore, I recommend any personal information be sent securely with an encryption.

Psychotherapist Responsibilities: Gina Barthelemy-Morton, LPC is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. I am required to abide by the terms of this notice and notify you if I make changes to this notice, which may be at any time.

How I May Use and Disclose Medical Information About You:

Treatment: I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose medical information about you to doctors, other therapists, or others who are involved in

your treatment only with your written authorization. For example, if a referral is made to another health care provider. I may provide oral information and copies of various reports that should assist her or him in treating you.

Payment: I may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

Health Care Operations: I may use and disclose, as needed, your health information in order to support my business activities, licensing, legal advice, and customer service. For example, I may call you by name in the waiting area. Additionally, there are other business professionals using the offices and you may encounter them upon arrival and departure from our sessions.

Other Uses and Disclosures: I may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed. I may create and distribute de-identified health information by removing all references to individually identifiable details. I may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights: You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer (Gina Barthelemy-Morton, LPC):

1. The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. The right to inspect and copy your protected health information.
3. The right to amend your protected health information.
4. The right to receive an accounting of disclosures of protected health information. The right to obtain a paper copy of this notice from us upon request.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint to me or with the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage Family Therapists, which is located at 237 Coliseum Drive Macon, GA. 31217-3858 (phone 478-207-2440).

If you have any questions about this notice, please contact:

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Acknowledgement of Receipt of Notice of Privacy Practices

(Print Name of Client or Parent/Guardian if minor)

By my signature below, I, _____, acknowledge that I have received a copy of the Notice of Privacy Practices for Gina Barthelemy-Morton, LPC.

Sign Name

Date

For Office Use Only

I attempted to obtain written acknowledgement of receipt of my Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign.

Communications barriers prohibited obtaining the acknowledgement.

An emergency situation prevented me from obtaining acknowledgement.

Other (please specify)

This form will be retained in your medical record.