

Privacy Notice

This notice describes how your medical information may be used and disclosed and how you can gain access to that information. Please review this notice carefully.

The Milledgeville Christian Counseling Center (hereafter referred to as MCCC) understands that information about your health is personal. We are committed to maintaining the privacy of your protected health information (PHI), which includes your medical information, mental health condition, and the care that you receive at MCCC. We create a record of the care and services you receive in order to provide you with quality care and to comply with certain legal requirements. This notice details how the PHI included in your record may be used to carry out treatment, obtain payment for services, carry out day-to-day business, and other purposes permitted by law. This notice also details your rights regarding PHI.

We are required to abide by the terms of this notice and to notify you if there is a breach of unsecured PHI. We reserve the right to change the terms of this notice from time to time and make the revised notice effective for all PHI that we maintain. You can always request a copy of our most current privacy notice.

Permitted uses and disclosures not requiring authorization

1. MCCC is permitted to share your PHI for treatment and payment for your care. Your PHI may be used and shared by your service planner, other treatment team members, and others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you.
 - A. **Treatment**: The provision, coordination, or management of your health care, including consultations between health care providers.
 - B. **Payment**: The activities we undertake to obtain reimbursement for the health care provided to you. This may include determinations of eligibility for coverage and other utilization review activities.
 - C. **Healthcare Operations**: (Business Activities) The support functions of our practice related to treatment and payment. These may include quality assurance activities, case management, audits, business planning, staff training, and licensing credentialing.
2. The following are other ways in which your PHI may be used.
 - A. **De-identified Information**: Identifying information is changed so that it does not identify you (name, address, etc.)

- B. **Public Health**: These activities include the collection of information by a public health authority, as authorized by law to prevent or control disease, injury or disability. **This includes the report of suspected abuse or neglect.**

- C. **Business Associate**: A business associate is someone that MCCC contracts with to provide services associated with your care or payment of care. MCCC will obtain written assurance in accordance with applicable law that the business associate will protect your information.

- D. **Personal Representative**: This may involve communication with a person who under law has the authority to represent you in making health care decisions.

- E. **Law Enforcement Purposes**: Information may be made available to law enforcement personnel to enforce the law and in emergency cases.

- F. **Prevention or Lessen serious or imminent threat to health or safety**

- G. **Authorization Unavailable but Treatment Required**: This is necessary in cases in which we are required by law to treat you and our attempts to obtain your authorization are unsuccessful. This may include substantial barriers to communication.

- H. **Communication regarding appointments and other service benefits**: This may include appointment reminders and other services that may be of benefit to you.
 - a. *Please note: email and texting communication are kept at a minimal about appointment times and scheduling only. **No personal or therapeutic information should be included.***

AUTHORIZATION

Uses and/or disclosures other than those prescribed in the parameters above will be made only with your written authorization. You may cancel the authorization at any time in writing. MCCC will be exempt from this revocation in cases in which an action has already been taken in reliance on the use or disclosure indicated in the authorization.

If contacted by family or friends, it is the policy of MCCC, as well as required by law, that we do not confirm or deny if someone is receiving or has received services at MCCC. Under such circumstances we will instruct the person making contact to refer back to the person in question.

The following are your rights.

1. You have the right to cancel any authorization in writing at any time. In order to request a cancellation you must submit a written request to MCCC's privacy officer
2. You have the right to request restrictions on certain use and/or sharing of your information as provided by law. In order to request restrictions you must submit a written request to MCCC's privacy officer. In your request you must include: what information you want to limit, whether you want to limit MCCC's use or disclosure or both, and to whom you want the limits to apply.

MCCC is not required to agree to a restriction that you request. If we believe it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. If we do agree to the requested restriction, we may not use or disclose your information in violation of that restriction unless it is needed to provide emergency treatment.

3. You have the right to confidential communications or information by alternative means or at alternative locations (via email, fax, etc...).
4. You have the right to review and copy your PHI as provided by law. In order to review and copy your information you must submit a written request to MCCC's privacy officer. MCCC can charge a fee for cost of copying, mailing or other supplies associated with the request. In certain situations MCCC may deny such a request as defined by the law. You have the right to have the denial reviewed as set forth in the written denial notice. There may be certain circumstances in which your request may be denied and you will not have the right to have the denial reviewed.
5. You have the right to correct your PHI as provided by the law. Your request must be submitted in writing to the privacy officer. You must provide a reason that supports your request.
6. You have the right to receive and accounting of who your information has been shared with, what was shared, and when. This right applies to those purposes other than treatment, payment or business activities as described in this Notice of Privacy practices. It does not include those times information was shared with you for notification purposes. A written request must be submitted to the privacy officer. The request must include a time period of accounting.
7. You have the right to receive a paper copy of this privacy notice from MCCC.
8. You have the right to file a complaint to MCCC or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint via phone or in writing to the privacy officer at MCCC.

9. MCCC's privacy officer is Amanda Wilson Harper. You may reach her at 478-456-6219 or via email at milledgevillechristiancounsel@gmail.com. Feel free to contact her with your questions or to obtain more information.

MCCC Requirements

1. MCCC is required by law to maintain the privacy of your PHI and provide you with this privacy notice.
2. MCCC is required to abide by the terms of this Privacy Notice.
3. MCCC reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that we maintain.
4. MCCC will not retaliate against you for making a complaint.
5. MCCC must make a good faith effort to obtain from you an acknowledgement of receipt of this notice.

***Pages 1-4 are for the client to keep, Please return page 5 to MCCC signed and dated**

**Privacy Notice
Acknowledgement of Receipt**

I acknowledge that I have received a copy of the Milledgeville Counseling Center's Privacy Notice.

Signature of Client

Signature of Parent or Guardian

Signature of Child or Youth

Signature of MCCC representative

Date

MCCC Communication Acknowledgement of Understanding

Please initial that you have read and understand the MCCC Communication policies regarding text and email.

Client Initials