



## Privacy Notice

### PLEASE READ CAREFULLY-EFFECTIVE 10-23-14

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations, Anne Ethier Counseling and all similar healthcare providers are required by federal law to maintain the privacy of your protected health information (“PHI”) and will abide by the terms in this Privacy Notice. PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services either in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that Anne Ethier maintains concerning your PHI. For example, we are permitted to use your PHI in providing care/treatment when you visit our offices. Under federal law, we may disclose your PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we may disclose your PHI to your Insurance/ Managed Care Company/ EAP to receive payment or to ask for approval for more sessions or for approval for another type of counseling service. These organizations also may have access to your PHI for quality assurance purposes. With some exceptions, Anne Ethier may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

Unless disclosure is required under federal, state, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI in accordance with the specific requirements of the HIPAA rules without Anne Ethier Counseling needing to obtain your written authorization. The following are exceptions:

1. Required by law, federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.
2. Required for public health purposes.
3. Required disclosure about victims of abuse, neglect, or domestic violence to the Dept. of Child and Family Services.
4. Required by a health oversight agency for oversight activities and research purposes authorized by law.
5. Required in the course of any judicial or administrative proceedings, or search warrant.
6. Required for a law enforcement purpose to a law enforcement official in special circumstances.
7. Required by a coroner or medical examiner.
8. Required by an organ procurement organization, for research.
9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the property of others, or yourself if we are subjects of a legal suit brought by you.
10. Required if you are a minor less than 18 years of age to parents or guardians in accordance with applicable law.
11. Required by Food and Drug (FDA).

12. Required by Durable Power of Attorney.
13. Required by Military and Veterans if a member of the armed forces.
14. Required by authorized federal officials for National Security, Protective Services for the President and Intelligence Activities.
15. Required by correctional institutions.
16. Required by worker's compensation.
17. Required by appointment reminders for alternative or other health related services.
18. Required by health oversight activities, such as audits, investigations, inspections, or licensure of facilities.
19. Required by durable power of attorney.

Additionally, if you are a member of the armed forces, Anne Ethier Counseling is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.

42 C.F.R. Part 2 The Federal rules prohibits us from making any disclosure of alcohol or drug abuse information unless it is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical records or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.

#### **Other Uses and Disclosures Require Your Prior Written Authorization:**

Anne Ethier **Will Never Share Your Information Unless You Give Written Permission:** Marketing purposes, sale of your information, or disclosing medical information. You can always revoke any authorization by notifying Anne Ethier in writing of your decision. We may also contact you via mail (satisfaction surveys, letters, etc.) or phone to remind you of appointments with our office or to discuss treatment alternatives. In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if we desired to release your PHI for reasons other than treatment, payment or for our operations.

#### **RIGHTS YOU HAVE REGARDING YOUR PHI:**

In general, you have the right to get a list of disclosures and/or see your PHI or to get copies of it; however, all requests must be in writing. You may be charged a reasonable fee per page and the fees associated with supplies and postage. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that Anne Ethier correct the existing information or add the missing information; this does not include psychotherapy notes. Additionally, if you desire, Anne Ethier Counseling can provide you with an accounting of all disclosures that we have made of your PHI to third parties, except disclosures for treatment, payment or health care operations and pursuant to authorization.

Any denials for your request will be replied to within 60 days with a complete explanation in writing. You have the right to get this notice by Email as well as a paper copy.

Submit all written requests to the address for Anne Ethier Counselor at the top of this page.

#### **COMPLAINTS:**

If you are concerned your privacy rights may have been violated, or if you object to a decision Anne Ethier made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Anne Ethier will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**Please discuss any questions or concerns with your therapist.** Your signature on the “Information, Authorization, and Consent to Treatment” (provided to you separately) indicates that you have read and understood this document.

Please contact us if you have any questions at 706-614-6060.

Please sign below acknowledging receipt of this Privacy Notice in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

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Client or Parent/Guardian of Minor Signature

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Date

Please sign and bring completed form to first session, located at:

Anne Ethier, LPC  
985 Gaines School Road  
Building 2-E  
Athens, GA 30605

Anne Ethier, MA Psychology, LPC  
(706) 614-6060  
Email: [anne@anneethier.com](mailto:anne@anneethier.com)