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NOTICE OF PRIVACY PRACTICES AND POLICIES

As required by federal legislation, this notice describes how healthcare information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

This notice applies to all of the paper and electronic records of your care maintained by Gila Herman, PMHNP whether created by myself or records acquired from outside resources such as other clinicians involved in your care and laboratory reports.

The following categories describe ways that I use and share your confidential information. Confidential information includes Protected Health Information (PHI) (information that could be used to identify you). Not every use or disclosure in a category is listed. However, all of the ways I am permitted to use and disclose information will fall within one of the following categories.

A. DISCLOSURES WHICH REQUIRE AUTHORIZATION

Psychotherapy notes are handled separately under HIPAA and have additional protections. Specifically, the regulations state that in most instances a practice must obtain an authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment, or healthcare operations and the uses listed in routine situations. All other circumstances require a valid authorization from you for use and disclosure.

Confidential information may be released for payment and healthcare operations only to health insurance plans and their agents and business associates of the practice. This can be restricted, in some instances, by patients. The definition of health insurance plan does not include life insurance companies, automobile insurance companies, or workers' compensation carriers. These are not covered under HIPAA. Therefore, if you would like information submitted to one of these companies, an authorization will be required, unless I am otherwise required by state or federal law.

B. ROUTINE SITUATIONS

1. For Treatment: I may use information about you to provide you with medical treatment or services. Treatment is when I provide, coordinate, or manage your healthcare and other Services related to your healthcare. An example of treatment is when I consult with another healthcare provider, such as your primary care physician.
2. For Payment: I may use and disclose information about you so that the treatment and services you receive at the practice may be billed and payment may be collected from you, an insurance company, or a third party (including a collection agency if necessary). For example, I may give your health insurance plan information about services you received at the practice so your health insurance plan will pay my practice or reimburse you for the services. I may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
3. For Healthcare Operations: I may use and share information about you for administrative functions necessary to run my practice and promote quality care. I may share information with business associates who provide

services necessary to run my practice, such as transcription companies or billing services. I will contractually bind these third parties to protect your information as I would. Also, I may permit your health insurance plan or other providers to review records that contain information about you to assist them in improving the quality of service provided to you.

4. **Communicating with You and Others Involved in Your Care:** My practice may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. In certain situations, I may share information about you with a friend or family member who is involved in your care or payment for your care unless you have requested that such disclosures not occur and I have agreed. Information disclosed will be directly relevant to such person's involvement with your care or payment related to your care. Whenever possible, this person will be identified by you. However, in emergencies or other situations in which you are unable to indicate your preference, I may need to share information about you with other individuals or organizations to coordinate your care or notify your family.

C. SPECIAL SITUATIONS

1. **As Required by Law:** I will disclose information about you when required to do so by federal, state or local law. For example, I may release information about you in response to a valid court subpoena.

2. **Health Oversight Activities:** I may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

3. **For Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that you have received within my practice and the records thereof, such information may be privileged under state law, and I will not release information without the written authorization of you or your legal representative, or in instance of issuance. This may also be the case in the instance of a court subpoena requiring provision of such information of which you have been properly notified and in response to which you have not opposed the court subpoena within the legally specified format and timeframe, or in the instance of the issuance of a court order compelling me to provide Protected Health Information (PHI). This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this

4. **To Avert Serious Threat to Health or Safety:** I may disclose your confidential mental health information to any person without authorization if I believe reasonably that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual. These disclosures may be to law enforcement officials to respond to a violent crime or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

5. **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all PHI information in our possession that is relevant to that particular injury in the opinion of the Georgia Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

6. **Public Health Risks:** I may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:

- a. To prevent or control disease, injury, or disability
- b. To report child abuse or neglect
- c. To report adult and domestic abuse
- d. To report reactions to medications or problems with products
- e. To notify people of recalls of products they may be using
- f. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

- g. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
7. Law Enforcement: I may release information about you if asked to do so by a law enforcement official:
- a. In response to a court order, subpoena, warrant, summons, or similar process
 - b. To identify or locate a suspect, fugitive, material witness, or missing person
 - c. If you are suspected to be a victim of a crime, generally with your permission
 - d. About a death we believe may be the result of criminal conduct
 - e. About criminal conduct at the hospital
 - f. In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime?
8. Other Special Circumstances: When the use and disclosure without your consent or authorization is allowed under other sections of the Section 164.512 of the Privacy Rule and the states' confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies (see above), to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes related to disease or FDA regulated products, or for specialized government functions such as a fitness for military duties, eligibility for VA benefits and national security and intelligence.

YOUR RIGHTS AS A PATIENT

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial.

We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

CHANGES TO THIS NOTICE

I reserve the right to revise or change provisions on this notice. I will make the new Notice provisions effective for all confidential information I maintain. I will promptly revise and distribute my Notice whenever there is a change to the uses or disclosures, your rights, and my duties, or other privacy practices stated in this Notice. I will mail updates of my notice to all active patients. Patients who are inactive at the time of mailing may receive an updated copy at their next scheduled appointment. A copy of the current Notice will be available throughout my practice. The Notice will contain the effective date on the top of first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services by calling 800-368-1019 or via email at OCRMail@hhs.gov. All complaints must be submitted or verified in writing. You have specific rights under the Privacy Rule. You will not be penalized for filing a complaint.

QUESTIONS

If you have questions about this notice or about my privacy practices, please contact the Privacy Officer at:

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