

Micah Counseling Services

Counseling – Coaching – Consulting

Notice of Privacy Practices

This is a notice that informs you how your health information is handled and used at our counseling center, how we might disclose this information to appropriate agencies as well as how you can get access to the same information.

The privacy of your health information is very important to us and we want to do everything possible to protect that privacy. Please carefully review the following information and feel free to ask for clarification on any of this material.

We are obligated and responsible under the laws of the United States and the state of Georgia to protect and keep your health information private. Part of this responsibility is to provide you with this notice of our privacy practices. Another aspect of our obligation is to follow the practices outlined in this notice.

The notice takes effect on 22 December 2022 and will be in effect until the decision is made to replace it. And we have the right to change any of these privacy practices so long as those changes are permitted or required by legal statute.

When we make any changes, we will also change this notice and give you a copy of the new notice.

After you have completed reading this notice, you can request a copy of it at no charge to you or anytime in the future.

Below are some examples of how we use and disclose information about your health information.

1. To your physician or other healthcare provider who is also treating you.
2. To any person required by federal, state or local laws that have lawful access to your treatment program and progress.
3. To receive payment from a third party payer for services we provide for you.
4. To anyone you give us written permission to have your health information, for any reason you want. You can revoke this authorization in writing at any time you desire. When you revoke an authorization it will only effect your health information for the point of change forward.
5. To a family member, a person responsible for your care or your personal representative in the event of an emergency. If you are present in such cases, you will have the opportunity to object to these disclosures. If you object, or are not present or are incapable of responding, we may use our professional judgment, in light of the emergency, to proceed and use or disclose your health information in

your best interest at the time. In such cases, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

6. Micah Counseling Services follow the laws of the State of Georgia in reporting to the designated authorities any intentions on the part of clients to commit suicide, homicide or incidents of child and elderly abuse. (Georgia Code: 19-7-5)

We will not use your health information in any of our company's marketing, development, public relations or related activities without your written permission.

We cannot use your health information in any way contrary to those described in this notice without your written authorization.

As a client of Micah Counseling Services you have these important rights:

1. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
2. You can ask us for photocopies of the information in part "1" above.
3. We will charge you \$.25 per page for making photocopies of this information.
4. You may have a copy of this notice at no charge.
5. You can make a written request that we place other restrictions on the ways we use or disclose your health information. We may deny any or all of your requested restrictions.
6. You may also submit a written complaint to the United States Department of Health and Human Services. We will provide you with that address upon a written request.

I acknowledge that I have been notified of my privacy rights and of Micah Counseling Services privacy policies and procedures.

Signature

Printed Name

Signature

Printed Name

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If client is a minor, name of client and signature of parent/guardian:

Client Name

Signature of Parent/Guardian

Date