

Notice of Privacy Practices

Linda Gould, LPC

Richmond County Sheriff's Office

Resiliency and Wellness Unit

346 Watkins Street

Augusta, GA 30901

762-333-3343 (cell) lgould@augustaga.gov

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 5/10/2024

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

This notice addresses your privacy rights and describes how information about you may be disclosed, and it describes how you can obtain access to this information. These privacy practices and agreements are specific to Richmond County Sheriff's Office (RCSO) Resiliency and Wellness Unit including but not limited to individual counseling, couple counseling, family counseling, and group counseling. Please review this document carefully and ask about any concerns before signing.

I. **Confidentiality** – The client’s right to confidentiality is protected by Georgia law and federal law. As such, with the exceptions identified below, this right requires client’s written permission before protected health information (PHI) can be shared. PHI includes anything related to interactions with a licensed clinician and any personally identifiable information that could connect a client to that information. Client’s written permission is also required for the clinician to speak with peer counselor if client is working with one.

II. **Limits of Confidentiality** – There are limits to confidentiality that exist as a result of receiving services from RCSO Counselor (mental health clinician), and there are limits that pertain to safety and regulatory oversight as explained below. While the clinician **can protect the contents of communications** between client and clinician, client understands that records regarding the use of county-owned property (such as work cell phone, county email, facilities, etc.) may not be confidential. Choosing to have contact with RCSO clinician via these county-owned modalities is waiving the right of confidentiality as it relates to those records.

Possible uses and disclosures of mental health records without client’s consent or authorization include, but may not be limited to, the following:

- a. **Emergency:** If a client is involved in a life-threatening emergency and the clinician cannot ask for client permission, the clinician will share only the information deemed necessary for maintaining client health and wellness.
- b. **Child Abuse Reporting:** If there is reasonable cause to suspect that a child (under 18yo) is being or has been abused or neglected, clinicians are required by Georgia law to report the matter immediately to the appropriate authorities.
- c. **Adult Abuse Reporting:** If there is reasonable cause to suspect that an elderly or incapacitated adult is being or has been abused, neglected, or exploited, the clinician is required by Georgia law to immediately make a report and provide relevant information to the appropriate authorities.
- d. **Legal Proceedings:** If a client becomes involved in a legal proceeding and a request is made for information about diagnosis and treatment, and the records thereof, such information is considered privileged and thereby protected under state law, and the clinician will not release information unless the client provides written authorization, or a judge issues a court order. If the clinician receives a subpoena for records or testimony, the clinician will notify her immediate supervisor and/or designee, the client, and Richmond County Sheriff’s Office Legal Counsel, so that there is an option to file a motion to quash the subpoena or take other appropriate legal action.
- e. **Serious Threat to Health and Safety:** Under Georgia law, if a clinician is engaged in professional duties and a client communicates (written or verbal) a specific and immediate threat to cause serious bodily injury or death to self, an identified person, or an unidentified person, and the clinician believes there is intent and ability to carry out that threat immediately or imminently, that clinician is legally required to take steps to protect the client and third parties. These precautions may include (a) warning the potential victim(s) or the parent/guardian of the potential victim(s), (b) notifying law enforcement, or (c) seeking client hospitalization.

III. **Client Rights and Provider's Duties** – Clients possess certain rights regarding their care. It is important for you to be aware of these rights, and clinician can answer any questions about these rights. By signing below, client acknowledges disclosure of and understanding of these rights:

- a. **Right to Transparency:** Clients may ask questions at any time on what to expect at the beginning, during, and ending result of therapy. Clients may decline to proceed with therapy as to the techniques which may be conducted by the clinician. Clients can raise any concerns and speak with clinician immediately about any concerns provided that the clinician is likewise available to discuss matters of concern with clients.
- b. **Right to Cease Counseling:** Clients may cease to continue therapy anytime, without any impediment, and Clients may return to therapy anytime.
- c. **Right to Request Restrictions:** Clients have the right to request restrictions on certain uses and disclosures of protected health information about their treatment subject to any required disclosures as explained above.
- d. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** Clients have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- e. **Right to an Accounting of Disclosures:** Clients generally have the right to receive an accounting of disclosures of PHI.
- f. **Right to Inspect and Copy:** In most cases, clients have the right to inspect and copy their medical records.
- g. **Right to Amend:** If a client thinks that his/her PHI on record is incorrect or incomplete, the client may request that the clinician amend the information.
- h. **Right to a Copy of this Notice:** Clients have the right to a copy of this notice. Clinician reserves the right to change policies and/or change this notice, and to make the changed notice effective for medical information already on file for the client, as well as any information received in the future. This notice will contain the effective date, and a new copy will be provided to all clients active in services.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the

psychotherapy notes.

g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.