



Notice of Privacy Practices

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

Uses and Disclosures:

Treatment: Our staff members may disclose your health information to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

Payment: Your health information may be used to seek payment from your insurance plan or from other sources such as credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the service provided and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day to day activities of PeaceWay Counseling & Mediation Services.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public Health Reporting: We may disclose your health information to public health information to public health agencies as required by law.

Other uses and disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclose of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights:

You have certain rights under Federal Privacy Standards. These include:

- The right to request restrictions on the use and disclosure of your health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- **(Client access is limited with regard to psychotherapy notes)**
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

PeaceWay Counseling & Mediation Services Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in Federal or State laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information:

As permitted by Federal Regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office.

Complaints:

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

PeaceWay Counseling & Mediation Services,
Attention: Program Director
2405 Bemiss Road, Valdosta, GA 31602

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concerns to the same address listed above. You will not be penalized or otherwise retaliated against for filing a complaint.

A copy of the entire privacy practice policies is available upon request.

I have been given and read the notice of Privacy Practices for PeaceWay Counseling & Mediating Services. I understand this notice is an outline and I may request a full copy of the Privacy Policy.

Client's signature or Legal Guardian, if client is a minor (Relationship)

Date

PCMS staff signature, witness that client received a copy of this notice

Date