

PASTORAL INSTITUTE

2022 15th Avenue | Columbus, Georgia 31901
706-649-6500 | 800-649-6446 | Fax 706-649-6521

NOTICE OF THE PASTORAL INSTITUTE'S PRIVACY PRACTICES

For Your Records – Client Copy

This notice tells you how we make use of your health information at our Center, how we might disclose your health information to others and how you can get access to the same information

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy.

We have a **legal responsibility** under the laws of the United States and the State of Georgia to keep your health information private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This updated notice takes effect on November 30, 2018, and will be in effect until we replace it. We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your health information. This includes health information we will receive about you or that we create here at the Pastoral Institute, Inc. These changes could also affect how we protect the privacy of any of your health information we had before the changes.

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

When you are finished reading this notice, you may request a copy of it at no charge to you. If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you. If you have any questions or concerns about the material in this document, please ask us for assistance which we will provide at no charge to you.

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

We may use or disclose your health information...

1. To your physician or other healthcare provider who is also treating you with your written authorization.
2. To Pastoral Institute staff involved in your treatment program.
3. To any person required by federal, state or local laws to have lawful access to your treatment program.
4. To receive payment from a third-party payer for services we provide for you.
5. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards and in connection with licensing, credentialing or certification activities.
6. To anyone you give us written authorization to have your health information for any reason you want. You may revoke this authorization in writing any time you want. When you revoke an authorization it will only affect your health information from this point on.
7. 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 a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so

doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.

8. To appropriate authorities under Georgia Law in the following circumstances: Imminent Danger to you or others, Child Abuse, Elder Abuse, Disabled Adult Abuse or under Court Order.
9. To help us carry out health care operations such as appointment reminders, insurance items and calls pertaining to your clinical care.

We will not use or disclose your health information, including psychotherapy notes, without your written authorization except in instances such as 1-9 above.

We will notify you in the event your unsecured protected health information is breached, unless a four-part risk assessment shows there is a low probability that protected health information was compromised.

We will not use your health information in any of our Center's marketing, development, public relations or related activities, nor will we sell your health information, without your written authorization.

We cannot use your health information that may be considered genetic information for underwriting purposes.

We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

We will not release your Protected Health Information (PHI) to your health plan if you have paid the full fee for services rendered and have requested to restrict certain disclosures of your PHI.

As a client of the Pastoral Institute, Inc., you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use.
- B. You can ask us for photocopies of the information in part "A" above.
- C. There will be a charge for making these photocopies.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if your primary language is not spoken at this Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- F. 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. If we agree to these restrictions, we will abide by them in all situations except those that, in our professional judgment, constitute an emergency.
- G. You can make a written request that we amend the information in part "A" above.
- H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information, and anyone else of your choosing.
- I. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.
- J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment or our Center's operations. This can go back as far as six years, but not before April 14, 2003.
- K. If you request the accounting in "J" above more than once in a 12-month period, we may charge you a fee based on our actual costs of tabulating these disclosures.

- L. If you believe we have violated any of your privacy rights or you disagree with a decision we have made about any of your rights in this notice you may complain to us in writing to the following person: HIPAA Compliance Officer, Pastoral Institute, 2022 15th Avenue, Columbus, GA 31901. Phone (706) 649-6500; Fax (706) 649-6521.
- M. 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 written request.
- N. You are entitled to receive a notice from us if your protected health information is released in any way that is not authorized.

PASTORAL INSTITUTE CONFIDENTIALITY STATEMENT

We are glad you have chosen the Pastoral Institute. Below is some information written for you to clarify confidentiality in the counseling process.

CONFIDENTIALITY

We commit to keep confidential what you say in the counseling process. The following are the only exceptions:

1. **Supervision/Case consultation** – A part of our commitment to providing quality care for you is to regularly consult with other professionals on staff. Your identity is kept confidential during these consultations. From time to time, we may also audio or video tape your sessions, but only after receiving your written permission. The taping would be used for our professional consultations and in counselor training.
2. **Requirements by law** – The records from your counseling are confidential and cannot be released to anyone without your written consent except under the following conditions provided by the law:
 - a. **Imminent Danger** – The law states that if we judge you to be a danger to yourself or others, we are required to take action to prevent harm from occurring to you or others.
 - b. **Child Abuse** – We are required by law to report all cases of actual or suspected physical, emotional or sexual abuse or neglect of children to the Department of Family and Children Services.
 - c. **Disabled Adult Abuse** – We are required by law to report all cases of actual or suspected physical, emotional or sexual abuse or neglect of disabled adults to the Department of Family and Children Services.
 - d. **Elder Abuse** – We are required by law to report all cases of suspected physical, emotional, financial, sexual abuse, neglect, self-neglect or financial exploitation of older persons (65+) who do not reside in long-term care facilities to the Department of Family and Children Services.

We hope this information is helpful to you. Please feel free to ask questions.

The Pastoral Institute
2022 15th Avenue
Columbus, GA 31901
(706)649-6500