

611 North Wayne Street, Milledgeville, GA 31061
Phone: (478) 254-0481 • Fax: (478) 254-9723
admin@abyintegrated.com

NOTICE OF PRIVACY PRACTICES

Effective Date: November 12, 2021

This notice tells you how I make use of your health information at A Better You Integrated Health & Counseling, LLC, could be disclosed 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 me and I want to do everything possible to protect that privacy.

I have a **legal responsibility** under the laws of the United States and the State of Georgia to keep your health information private. Part of my responsibility is to give you this notice about our privacy practices. Another part of my responsibility is to follow the practices in this notice. This notice takes effect immediately and will be in effect until it is replaced. I have the right to change any of these privacy practices as long as those changes are permitted or required by law. Any changes in the privacy practices will affect how we protect the privacy of your health information. This includes health information I will receive about you or that I create here at **A Better You Integrated Health & Counseling, LLC**. These changes could also affect how I protect the privacy of any of your health information I had before the changes.

When I make any of these changes, I 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, I 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 me or one of the other **A Better You Integrated Health & Counseling, LLC** staff for assistance which we will provide at no charge.

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

I may use or disclose your health information...

1. To your physician or other health care provider who is also treating you.
2. To anyone on our 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 I provide for you.
5. To our own staff in connection with **A Better You Integrated Health & Counseling, LLC**, operations. Examples of these include, but are not limited to the following: evaluating the effectiveness of my services, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.

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6. To anyone you give me written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization, it will only affect your health information from that 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, I will give you an opportunity to object. If you object, or are not present, or are incapable of responding, I may use or disclose your health information in your

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

8. A Better You Integrated Health and Counseling, LLC, expects its staff to follow the laws of the State of Georgia in reporting to the designated authority's intentions on the part of clients to commit suicide, homicide, or incidents of child abuse. **(Georgia Code: 19-7-5)**. We may also share information about you if the Department of Health and Human Services wants to see that we're complying with federal privacy law.

As a client of A Better You Integrated Health & Counseling, LLC, **you have these important rights:**

A. You have the right to restrict disclosure of your protected health information to health plans and/or insurance companies if you are paying out of pocket in full for services provided.

B. You have the right to be notified in the event of any unintended disclosure of your protected health information.

C. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for our use. You can ask to see or get an electronic or paper copy of your mental health records and other health information we have about you. When requested, we will provide a copy or a summary of your health information, usually within 30 days of your request.

D. We will charge the following fees for searching, retrieving, and copying records:

	Up to:		
Search, Retrieval and Other Direct Administrative Costs	Up to:	\$25.88	\$25.88
Certification Fee	Up to per record:	\$9.70	\$9.70

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Copying Costs for Records in Paper Form	Per page for pages 1 - 20	\$0.97	\$0.97
	Per page for pages 21 - 100	\$0.83	\$0.83
	Per page for pages over 100	\$0.66	\$0.66

E. You have a right to a copy of this notice at no charge.

F. 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.

G. 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 which, in our professional judgment, constitute an emergency.

H. You can make a written request that we amend the information in part “C” above.

I. 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.

J. If we deny your amendment, you can place a written statement in our records disagreeing with our denial of your request.

K. 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 November 1, 2017.

L. If you request the accounting in “L” above more than once in a 12-month period, we may charge you a fee based on our actual costs of tabulating these disclosures.

M. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all requests deemed reasonable.

N. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any

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you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

O. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

P. If you believe we may 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:

Compliance Officer: Mrs. Tameka Mack, CEO
A Better You Integrated Health & Counseling, LLC,
611 North Wayne Street
Milledgeville, GA 31061
3902 Northside Drive, Suite C1
Macon, GA 31201

Phone: (478)254-0481
Fax: (478) 254-9723
tmack@abyintegrated.com

Q. You may also submit a written complaint to the United States Department of Health and Human Services Office of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT

By signing this Acknowledgement of Receipt, you acknowledge that you have received a copy of the Notice of Privacy Practice as well as a copy of the Information, Disclosure and Consent form which outlines Client Rights/Responsibilities in addition Office Policies and Procedures from **A Better You Integrated Health & Counseling, LLC**. You are encouraged to read all of policies in their entirety.

I acknowledge receipt of the above referenced documents from **A Better You Integrated Health & Counseling, LLC**

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Consumer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness's Signature: _____ Date: _____