



## **Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices**

This notice describes how protected health information about a client may be used and disclosed and how the client can gain access to this information. Please review it carefully.

Swarthy Lion Behavioral Health & Wellness LLC collects private and/or potentially sensitive medical information about each client and the client's family. We call this type of information "protected health information." This notice explains the client's rights to privacy and describes the ways in which Swarthy Lion Behavioral Health & Wellness LLC may use and disclose protected health information. Swarthy Lion Behavioral Health & Wellness LLC does not use or disclose protected health information unless permitted or required to do so by law. Swarthy Lion Behavioral Health & Wellness LLC must adhere to laws aimed at securing the privacy of said client's protected health information. These laws are known as the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. When we do use or disclose protected health information, we will make every reasonable effort to limit its use or the level of disclosure to the minimum we deem necessary to accomplish the intended purpose. Please note that the privacy provisions articulated in this notice do not apply to health information that does not identify the client or anyone else. For more information on Swarthy Lion Behavioral Health & Wellness LLC and privacy practices, or to receive another copy of this notice, please visit: [www.swarthylion.com](http://www.swarthylion.com) or contact:

### **Swarthy Lion Behavioral Health & Wellness LLC**

4854 Old National Hwy Suite #167

Atlanta, Georgia 30337 or by phone: 470-829-1333.

### **Protected Health Information**

Protected health information is information about the client relating to a past, present, or future mental health condition, or treatment or payment for the treatment that can be used to identify the client. This includes any information, whether oral or recorded in any form, that is created or received by Swarthy Lion Behavioral Health & Wellness LLC. This also includes electronic



information and information in any other form or medium that could identify the client. Examples of information that can identify a client include, but are not limited to the following:

Client's Full Name

Telephone

Number

Address

DOB

Social Security Number

Service State/End Date Diagnosis

## Uses and Disclosures of Health Information for Treatment, Payment, and Health Care Operations

### 1. Treatment, Payment, and Health Care Operations

The following section describes different ways we use and disclose protected health information for treatment, payment, and health care operations. Not every possible use or disclosure will be noted, and there may be incidental disclosures that are a byproduct of the listed uses and disclosures.

#### a. Treatment

We may use a client's protected health information to provide the client with services, and may disclose this information to any and all Swarthy Lion Behavioral Health & Wellness LLC employees directly or indirectly involved with treatment. Treatment includes (a) activities performed by Swarthy Lion Behavioral Health & Wellness LLC personnel in the course of providing service to the client or in coordinating or managing the client's services with other service providers and (b) consultations with and between Swarthy Lion Behavioral Health & Wellness LLC employees and other professionals involved in the client's treatment.

#### b. Payment



We may use and disclose the client's protected health information so we may bill and collect payment from the client, an insurance company, or another party for services provided to the client. We may also inform the client's health plan provider of treatment we intend to administer to obtain prior approval or to determine whether the client's health care payor will cover treatment services.

### c. Health Care Operations

Swarthy Lion Behavioral Health & Wellness LLC may use and disclose the client's protected health information in order to maintain necessary administrative, education, quality assurance, and business functions. For example, we may use a client's protected health information to evaluate the performance of our behavior technicians while providing treatment for the client. We may also use information about clients to evaluate possible additional services to offer, how we can improve efficiency, or the overall effectiveness of certain treatments. Additionally, we may use protected health information for review, analysis, and other teaching and learning purposes.

## 2. Special Circumstances

Treatment, payment, and health care operations further include the circumstances listed below.

### a. Appointment Reminders

We may use and disclose the client's protected health information to contact the client as a reminder that he/she may have an appointment for treatment or services.

### b. Treatment Information

We may use and disclose the client's protected health information to contact the client about treatment information.

### c. Satisfaction Surveys

We may use and disclose the client's protected health information to contact the client about Swarthy Lion Behavioral Health & Wellness LLC satisfaction surveys.

## 3. Uses and Disclosures You Can Limit

### a. Swarthy Lion Behavioral Health & Wellness LLC, Client Directory



Unless the client notifies us that he/she objects, we may include certain information about him/her in our Swarthy Lion Behavioral Health & Wellness LLC Client Directory in order to respond to inquiries and disseminate information more efficiently. This directory is accessed by Swarthy Lion Behavioral Health & Wellness LLC, employees who may or may not be involved in the client's treatment.

#### b. General Notification

Unless the client notifies us that he/she objects, we may provide his/her protected health information to individuals such as the client's family members, caregivers, and friends who are involved in the client's treatment or who pay for the client's treatment. We may do this if the client informs us we have their consent to do so, or if the client knows we are sharing the client's protected health information with these individuals and the client expresses no objection or makes no reasonably discernable attempt to prevent us from doing so. There may also be circumstances when we can assume, based on our professional judgment, the client would not object to disclosure of his/her protected health information. Also, if the client is not able to approve or object to disclosures, we may make disclosures to a particular individual (such as the client's family member or friend), we feel are in the client's best interest and that relate to that person's involvement in the client's care.

### **OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION**

We may use or disclose the client's health information without the client's permission in the following circumstances, subject to all applicable legal requirements and limitations:

#### 1. Required By Law

Swarthy Lion Behavioral Health & Wellness LLC must make any disclosures required by federal, state, or local law. These may include, but are not limited to, disclosures pertaining to: the reporting of abuse or neglect; court orders, subpoenas, warrants, or other lawful processes; identification/location of a suspect, fugitive, witness, missing person, or crime victim; crime on our work premises; or a serious, imminent threat. Employees of Swarthy Lion Behavioral Health & Wellness LLC are designated as Mandated Reporters.

#### 2. Public Health Risks



We may make disclosures for public health reasons in order to prevent or control disease, injury, or disability; or to report births, deaths, disease or condition, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

### 3. Health Oversight Activities

We may disclose protected health information to agencies authorized to receive reports for health oversight activities for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.

### 4. Lawsuits, Disputes, or Other Legal Proceedings

We may make disclosures in response to a subpoena or court or administrative order, if the client is involved in a lawsuit or dispute, or in response to a court order, subpoena, warrant, summons or similar process, or if requested to do so by law enforcement.

### 5. Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose information to a coroner or medical examiner, (as necessary, for example to identify a deceased person or determine cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.

### 6. Research

We may use or disclose protected information for research purposes under certain limited circumstances. Research projects are subject to approval by an institutional review board. For this reason, we will not use or disclose protected health information for research purposes until the particular research project, for which the client's information may be used or disclosed, has been approved through the institutional review board.

### 7. Serious Threat to Health or Safety; Disaster Relief

We may disclose information to appropriate individual(s)/organization(s) when necessary (a) to prevent a serious threat to the client's health and safety or that of the public or another person, (b) to notify the client's family member or persons responsible in the course of a disaster relief effort. We will disclose protected health information only to persons we believe to be able to lessen/prevent the threat and will limit disclosure to that which we deem necessary to lessen or prevent the threat.



## 8. Military and Veterans

We must make disclosures as required by military command or other government authority for information about a member of the domestic or foreign armed forces.

## 9. National Security; Intelligence Activities; Protective Services

We may disclose information to federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

## 10. Correctional Facilities

We may make disclosures to a correctional facility (if the client is a ward) or a law enforcement official (if the client is in that person's custody) as necessary (a) for the institution to provide the client with treatment; (b) to protect the client's or other's health and safety and the security of the correctional facility.

### **WHEN WRITTEN AUTHORIZATION IS REQUIRED**

Other than for the range of purposes previously identified in this notice, we will not use or disclose the client's protected health information for any purpose unless the client provides us with specific written authorization to do so. If the client grants us authorization, the client can still withdraw this authorization at any time, though the authorization must be revoked in writing. In order to withdraw the authorization, the client must deliver, mail or email to:

#### **Swarthy Lion Behavioral Health & Wellness LLC**

4854 Old National Hwy Suite #167

Atlanta, Georgia 30337 -or- **build@swarthylion.com**

If the client revokes the authorization, we will discontinue the use or disclosure of the client's protected health information to the extent that we relied on his/her authorization for the use/disclosure. However, we cannot take back or undo any use/disclosure made under the client's grant of authorization prior to our receipt of the client's written revocation of said authorization, and we must continue any use/disclosure that is necessary in keeping records of the client's treatment.



## **THE CLIENTS RIGHTS REGARDING THE CLIENT'S HEALTH INFORMATION**

The client has certain rights regarding his/her health information, which are listed below. In each of these cases, if the client wants to exercise his/her rights, the client must do so in writing by completing a form the client can obtain from Swarthy Lion Behavioral Health & Wellness LLC. In some cases, we may charge the client for the costs of providing materials to the client. The client can get information about how to exercise his/her rights and about any costs that we may charge for materials by contacting us.

### **1. Right to Inspect and Copy**

With some exceptions, the client has the right to inspect and get a copy of the client's protected health information. We may deny the client's request to inspect and/or copy information in certain limited circumstances, and, if we do this, the client may ask that the denial decision be reviewed.

### **2. Right to Amend**

The client has the right to amend his/her health information maintained by Swarthy Lion Behavioral Health & Wellness LLC, or used by us to make decisions about the client. We will require that the client provide a reason for the request, and we may deny the request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create (unless the source of the information is no longer available to make the amendment), (b) is not part of the health information we keep, (c) is of a type the client would not be permitted to inspect and copy, or (d) is already accurate and complete.

### **3. Right to an Accounting of Disclosures**

The client has the right to request an accounting of disclosures. An accounting is a list of certain disclosures we made regarding the client's protected health information. This list may not include all disclosures. For example, it does not include disclosure to the client, disclosure for treatment, payment, and health care operations purposes described above, or disclosure made with the client's authorization as stated above.

### **4. Right to Request Restrictions**

The client has the right to request a restriction or limitation on the health information we use or disclose about the client (a) for treatment, payment, or health care operations, or (b) to someone who is involved in the client's care or the payment for it, such as a family member or friend. We



are not required to agree to the client's request. Any time Swarthy Lion Behavioral Health & Wellness LLC agrees to a restriction, it must be in writing and signed by the Chief Clinical Officer or her designee.

#### 5. Right to Request Confidential Communications

The client has the right to request we communicate with the client about health matters in a certain method or at a certain place. For example, the client can ask that we only contact the client at home or by mail.

#### 6. Right to a Paper Copy of This Notice

The client has the right to a paper copy of this notice, whether or not the client may have previously agreed to receive that notice electronically.

#### Questions and/or Complaints

If the client has any questions about this notice, he/she should contact:

#### **Swarthy Lion Behavioral Health & Wellness LLC**

4854 Old National Hwy Suite #167

Atlanta, Georgia 30337 or by phone: 470-829-1333.

If the client believes his/her privacy rights have been violated, the client may file a complaint with Swarthy Lion Behavioral Health & Wellness LLC using the contact information listed above. To file a complaint with the State of Georgia Department of Health and Human Services, call (404) 613- 1260.

The client will not be penalized for filing a complaint and the client will continue to have the same access to Swarthy Lion Behavioral Health & Wellness LLC services.





### Acknowledgement and Receipt

I acknowledge that I have received a copy of the Swarthy Lion Behavioral Health & Wellness LLC Notice of Privacy Practices. I further acknowledge that I have reviewed and understand the information presented in this notice, including the appropriate contact information for the party(ies) I should contact in the event that I have any further questions, concerns, requests, or complaints regarding any of the covered subject matter.

Client's Name: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Printed Name

Date

\_\_\_\_\_

Parent/Guardian Signature