

Notice of Privacy Practices

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

Fairclough Behavior Services LLC must to maintain the privacy of your health information and to provide you with this notice. You will be asked to sign a Release of Information Form. Once you have signed the Release of Information Form, Fairclough Behavior Services LLC staff members may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtaining payment, or to conduct healthcare operations. For example, to receive payment for our services, Fairclough Behavior Services LLC must provide information to the funding source being used.

Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object:

Abuse or Neglect: If any Fairclough Behavior Services LLC member suspects abuse or neglect of a child and elder, he/she is mandated to make a report to the appropriate public authorities.

Danger: If a Fairclough Behavior Services LLC staff member suspects that you are in imminent danger of harming yourself or someone else, he/she is mandated to make a report to the person at risk to the public authorities.

Legal Proceedings: Fairclough Behavior Services LLC staff members may disclose PHI in response to a court order or subpoena or certain other legal proceedings.

You have the following rights regarding PHI Fairclough Behavior Services LLC maintains about you.

Right to Inspect and Copy: You have the right to inspect and request copies of information that may be used to make decisions about your

care. Usually, this includes demographic and billing records but does not include case notes. To inspect and receive copies of information, you must submit a request in writing. If you request a copy of the information, Fairclough Behavior Services LLC may charge a fee for the cost of copying, mailing, or other supplies associated with your request. Fairclough Behavior Services LLC must respond to your request within fifteen days of receipt.

Right to Amend: If you feel that PHI about you is incorrect or incomplete, you may ask Fairclough Behavior Services LLC to amend the information. You have a right to request an amendment for as long as Fairclough Behavior Services LLC keeps the information. Your request for amendment must be in writing and must provide a reason supporting your request.

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures regarding information that Fairclough Behavior Services LLC staff members have made about you. You must submit your request in writing to the above address. Your request must state a period for the disclosures, which may not be longer than six years and may not include dates before July 1, 2011.

Right to Request Restrictions on Uses and Disclosures: You may request that disclosure of confidential information be limited. If Fairclough Behavior Services LLC is unable to agree to that restriction, we can discuss other options, such as referral to another counselor.

Right to Limit Reception of Confidential Information: For example, you may request that Fairclough Behavior Services LLC staff members only contact you at a certain telephone number or address. You do not have to give a reason for your request.

Right to a Paper Copy of this Notice of Privacy Practices: You have a right to a paper copy of this signed notice.

Other uses and disclosure of PHI and any disclosure of Case Notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time from future use. This notice may be amended as needed to comply with federal, state, and professional requirements.

Authorization and Consent to Participate in Tele-Health Consultation

- 1) **Purpose and Benefits.** The purpose of the tele-health consultation is to enable patients living in rural and/or underserved areas to get medical care by specialists without the inconvenience and expense of traveling to a city.
- 2) **Nature of Telemedicine Consultation.** During the tele-health consultation:
 - a) Details of you and/or your child's medical history, examinations, x-rays, and tests will be discussed with other health professionals through the use of interactive video, audio and telecommunications technology.
 - b) Physical examination of you or your child may take place.
 - c) Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission.
 - d) Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.
- 3) **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this tele-health consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

4) **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Georgia State law apply to information disclosed during this telemedicine consultation.

5) **Risks and Consequences.** The tele-health consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a physician at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact. Following the tele-health consultation, your physician may recommend a visit to a local hospital or medical facility further evaluation.

6) **Rights.** You may withhold or withdraw consent to the tele-health consultation at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. You have the option to consult with the specialist in person if you travel to his or her location.