



COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD  
3830 South Cobb Drive  
Smyrna, Georgia 30080

## **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 IT CAREFULLY.**

If you have any questions about this Privacy Notice, please contact our Privacy Officer by mail at the address stated above or by telephone at 770-429-5000.

### **I. INTRODUCTION**

A. This Notice of Privacy Practices describes how we, the Cobb / Douglas Community Service Board (the “Cobb / Douglas CSB”), may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes how we may obtain your protected health information from others. This Notice also describes your rights regarding health information we obtain or maintain about you and a brief description of how you may exercise these rights. This Notice also states the obligations we have to protect your protected health information.

B. “Protected health information,” means health information (including identifying information about you, such as your name, address, etc.) we have collected from you or received from other persons. It may include information about your past, present or future physical or mental health or condition, health care provided to you, and payment for health care services provided to you.

C. We are required to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information.

D. We are also required to comply with the terms of our current Notice of Privacy Practices.

### **II. USES AND DISCLOSURES TO CARRY OUT TREATMENT, PAYMENT or HEALTH CARE OPERATIONS**

A. We intend to use and disclose your protected health information as follows:

1. We may use or disclose your protected health information so that we can provide treatment to you, to be paid for our services to you, and to manage our organization. In order to perform those activities, we may disclose your protected health information to our business associates who perform those activities for us or who assist us in performing those activities. Business associate means a

person who signs a written agreement which requires that person to maintain the privacy of your protected health information in the same manner we are required to maintain the privacy of your protected health information.

2. We may disclose/release your protected health information (1) to other physicians psychologists for continuing treatment if our medical director approves, (2) to another health care provider if your service plan calls for transfer to the other provider for treatment, and (3) in a bona fide emergency to your treating physician or psychologist if the medical director approves.

3. We may disclose your protected health information to another health care provider, a health plan, or a health care clearinghouse for the payment activities of the person to whom we disclose the information.

4. We may disclose your protected health information to another health care provider, a health plan, or a health care clearinghouse for the health care operations activities of the person to whom we make the disclosure if that person has or had a relationship with you and the purpose of our disclosure is:

(a) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalized knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; or

(b) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; or

(c) For the purpose of health care fraud and abuse detection or compliance.

5. If we participate in an organized health care arrangement, we may disclose protected health information about you for any health care operations activities of the organized health care arrangement.

B. When we make uses or disclosures described above, we may obtain your authorization for the use or disclosure but we are not required to obtain your authorization to do so.

**TREATMENT EXAMPLES:** The following are some examples of the ways in which we may use and disclose your information for treatment: **This is not an inclusive listing of all possible examples.**

A case manager employed by Cobb / Douglas CSB who is responsible for coordinating your care may use your protected health information to perform the case manager's duties in providing services to you.

Your protected health information may be used by our clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at Cobb / Douglas CSB, to discuss your care at a case conference in order to determine the best treatment for you.

**PAYMENT EXAMPLES:** The following are examples of the ways in which we may use or disclose your protected health information in order to obtain payment for our services to you: **This is not an inclusive listing of all possible examples.**

We may use and disclose your protected health information to permit your public or private health plan, such as Medicaid or an employer health plan, to take certain actions before your health plan approves or pays for services we may provide or have provided to you. Examples of these actions include:

We report a service we have provided to you in order to obtain payment from the health plan or Medicaid; or

We report the services we have provided to you so that the health plan and Medicaid may decide whether the services are appropriate, or to justify the charges for your care.

**HEALTH CARE OPERATIONS EXAMPLES:** The following are examples of some of the ways in which we may use or disclose your protected health information for our health care operations: **This is not an inclusive listing of all possible examples.**

We may use and disclose your protected health information to resolve a consumer's rights complaint made by you or by others concerning your care in order to determine what happened and, if what happened is incorrect, to develop ways to ensure that it does not happen again.

We may use and disclose your protected health information to determine whether your treatment meets the quality standards we set for our services or to determine what the standard should be.

To the extent permitted by State law, we may also provide your protected health information to other health care providers who have provided services to you, or to your health plan, to assist them in performing certain of their own health care operations.

**SEPARATE NOTICE:**

We may use your protected health information (1) to provide appointment reminders and (2) to inform you about possible treatment options or alternatives that may be of interest to you. This information will be provided to you by telephone or by mail at the number and address provided by you to us. In providing this information, we may disclose this information to individuals who respond to the telephone or to individuals who may open mail addressed to you. If you do not want us to provide you with this information at that number and address, you must notify the Privacy Officer in writing at Cobb/Douglas CSB, 3830 South Cobb Dr, Smyrna, GA 30080 and provide an alternative telephone number and address. See VIII. E

**III. PRIVILEGED COMMUNICATIONS**

A. Unless this Privacy Notice says otherwise, we must obtain an authorization from you for any use or disclosure of records of your communications with a psychiatrist, psychologist, licensed clinical social worker, clinical nurse specialist-mental health, licensed marriage and family counselor, or licensed professional counselor or of communications between them concerning your communications with them. The records are called “psychotherapy notes.” Psychotherapy notes means notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

B. Although we will not disclose psychotherapy notes without your authorization, that limitation is subject to the following exceptions:

1. We may use or disclose the psychotherapy notes to provide treatment to you, to obtain payment, and to manage our organization as follows:

(a) We may use the notes made by our staff for your treatment and for that purpose may disclose the matters necessary to permit other licensed professionals and other members of our staff to determine and carry out the prescribed or recommended treatment.

(b) We may use or disclose psychotherapy notes for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.

(c) We may use or disclose those notes to defend ourselves (including our staff) in a legal action or other proceeding brought by you or on your behalf or by your estate or others concerning your care.

(d) We may use and disclose those notes to evaluate and conduct investigations concerning the violations of your rights and to evaluate and conduct disciplinary investigations and proceedings involving our employees and business associates.

(e) We may make such a disclosure in connection with any hearing concerning whether you should be required to obtain or should be released from involuntary treatment.

2. We may disclose/release the notes (1) to other physicians/psychologists for continuing treatment if our medical director approves, (2) to another health care provider if your service plan calls for transfer to the other provider for treatment, and (3) in a bona fide emergency to your treating physician or psychologist if our medical director approves.

3. We may use or disclose those notes when the Secretary of Health and Human Services (or the Secretary’s designee) requires that we make that disclosure to the Secretary.

4. We may use or disclose those notes when we are required to do so by law. Without limitation, we may use and disclose those notes to report child abuse when required to do so by law.

5. We may disclose those notes to health oversight agencies for oversight activities authorized by law, including audits by those activities, civil, administrative or criminal investigations initiated by those agencies; and other necessary oversight activities for oversight of us and our staff.

6. We may disclose those notes to a coroner or medical examiner in order to permit the coroner or medical examiner to perform the duties of that office, such as determining the cause of death.

7. We may disclose those notes if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the subject of the threat.

**IV. YOUR PERSONAL REPRESENTATIVES: DISCLOSURES TO AND AUTHORIZATIONS BY YOUR PERSONAL REPRESENTATIVES**

A. We must disclose to your personal representative the same information we would be required to or would disclose to you if you made the request under the following circumstances. In addition, under those same circumstances we must disclose to others on the authorization signed by your personal representative the same information we would be required to disclose if you signed the authorization under the following circumstances.

1. The personal representative is authorized under a health care power of attorney to make a decision concerning your health care, you are not able to make that decision, the protected health information we disclose is relevant to the decision which the representative is authorized to make under the power of attorney.

2. The personal representative is the guardian of your person appointed by a court.

3. You are under the age 18 and the personal representative is your parent having custody. However, if you are over the age 12 and you seek evaluation for mental illness, your personal representative may not obtain your protected health information concerning that service without your consent. In addition, if you are over the age 12 and you seek evaluation and outpatient treatment for alcohol and drug abuse, your personal representative may not obtain your protected health information concerning that service.

4. You are under the age 18 and the personal representative is the Department of Family and Children Services or other person having temporary or permanent custody appointed by a court.

5. The personal representative is your spouse if the protected health information is necessary to permit your spouse to make a decision which is to be made concerning treatment recommended by a physician, you are not able to consent to that treatment, and the protected health information we disclose is relevant to whether consent should be given.

6. If you are over age 18 and there is no spouse or guardian or person appointed as agent under a durable power of attorney for health care, and the personal representative is, in this order, your adult child, your parent, your adult sibling, or a grandparent, if the protected health information is necessary to permit that representative to make a decision which is to be made concerning treatment recom-

mended by a physician, you are not able to consent to that treatment, and the protected health information we disclose is relevant to whether consent should be given.

B. We are not required to disclose your protected health information upon the request of your personal representative if we have a reasonable belief that you have been subjected to domestic violence, abuse or neglect by that personal representative or treating the person as your personal representative may endanger you and we decide that it is not in your best interest that we treat the person as your personal representative. After your death, we are required to disclose your protected health information to the person who is appointed by a court as the administrator of your estate or executor of your will but we may not disclose privileged communications (see above) in your medical record.

C. A personal representative who is a guardian of your person, or is a parent who has custody of you because you are under the age of 18, or is a temporary or permanent custodian appointed by a court may exercise your rights under this Privacy Notice. A personal representative who is appointed under a durable power of attorney for health care or other person not appointed by a court who has the right to consent to treatment on your behalf may exercise your rights under this Privacy Notice only if you are not able to exercise those rights and if the exercise of those rights is necessary to permit the personal representative to perform the personal representative's responsibilities.

**V. USES AND DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO AGREE OR TO OBJECT.**

A. We may use or disclose your protected health information provided that we inform you in advance of the use or disclosure and you have the opportunity to agree to or prohibit or restrict the use or disclosure, in accordance with the applicable requirements of this section. We may orally inform you and obtain your oral agreement or objection to a use or disclosure permitted by this section.

B. We may use and disclose to a person designated as your representative, family member, other relative, a close personal friend of the individual, or any other person identified by you, your protected health information directly relevant to that person's involvement with your care or payment related to your protected health care if (1) we obtain your agreement; or (2) we provide you with the opportunity to object to the disclosure and you do not express an objection; or (3) we reasonably infer from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure, or (4) if you are not present or we cannot provide you an opportunity to agree or object because of your incapacity or emergency, a disclosure of your protected health information is in your best interest.

C. We may use and disclose your protected health information to notify, or assist in the notification of, a person designated as your representative, family member, or other person responsible for your care of your location, general condition, or death, if (1) we obtain your agreement, (2) we provide you with an opportunity to object and you do not object, (3) we reasonably infer from the circumstances, based on professional judgment, that you do not object to the disclosure, (4) if you are not present or cannot because of incapacity or emergency and practically be provided the opportunity to agree or object, we determine in our professional judgment that the disclosure is in your interest, or (5) the disclosure is made for the purpose of coordinating the disaster relief efforts of disaster relief agencies.

**VI. WHEN WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT OBTAINING YOUR AUTHORIZATION OR GIVING YOU AN OPPORTUNITY TO AGREE OR OBJECT**

We may use or disclose your protected health information without your written authorization or providing you opportunity to agree or object in the situations listed below. If we are required to inform you of, or when you may agree to a use or disclosure described below, our communication with you and your communication with us may be oral or in writing.

A. We may use or disclose your protected health information to the extent that law requires such use or disclosure and the use or disclosure complies with and is limited to the relevant requirements of that law.

B. We may use and disclose your protected health information for the public health activities and purposes described in this paragraph:

1. To a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
2. To a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
3. To the person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.
4. To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if we or a public health authority is authorized by law to notify that person as necessary in the conduct of a public health intervention or investigation.

C. We may disclose protected health information about you if you are a minor and we reasonably believe that you are a victim of child abuse or if you are a disabled adult or elderly person and we reasonably believe that you are a victim of abuse or neglect, or if we believe you have been the victim of a crime, to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse or neglect as follows:

1. We may make the disclosure:
  - (a) If the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of that law; or
  - (b) If you sign an authorization permitting the disclosure; or
  - (c) If the disclosure is expressly authorized by statute or regulation and:

(i) We, in the exercise of our professional judgment, believe the disclosure is necessary to prevent serious harm to you or other potential victims; or

(ii) If you cannot agree because of incapacity, a law enforcement or other public official authorized to receive the report represents to us that the protected health information for which disclosure is sought is not intended to be used against you and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until you are able to agree to the disclosure.

2. If we make a disclosure permitted by this section, we will promptly inform you that such a report has been or will be made, unless:

(a) We, in the exercise of our professional judgment, believe informing you would place you at risk of serious harm; or

(b) We would be informing your personal representative, and we reasonably believe the personal representative is responsible for the abuse, neglect, or other injury and that informing that personal representative would not be in your best interests as we determine them, in the exercise of our professional judgment.

D. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other oversight activities.

1. We may make those disclosures only if they are necessary for appropriate oversight of:

(a) The health care system;

(b) Government benefit programs for which health information is relevant to beneficiary eligibility;

(c) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

(d) Entities subject to civil rights laws for which health information is necessary for determining compliance.

2. However, we may not make those disclosures if either (1) the investigation is of you and (2) the investigation or other activity does not arise out of and is not directly related to:

(a) The receipt of health care;

(b) A claim for public benefits related to health; or

(c) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

E. We may disclose your protected health information in the course of any judicial or administrative proceeding as provided below:

1. We may make such a disclosure if we do so:

(a) In response to an order of a court or administrative tribunal, provided that we disclose only the protected health information expressly authorized by such order; or

(b) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal or your authorization for us to make the requested disclosure, if we receive satisfactory assurances that:

(i) The party requesting such information has made a good faith attempt to provide written notice to you (or, if your location is unknown, to mail a notice to your last known address);

(ii) The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit you to raise an objection to the court or administrative tribunal; and

(iii) The time for you to raise objections to the court or administrative tribunal has expired, and:

(iv) No objections were filed by you; or

(v) All objections filed by you have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

(c) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal or your authorization for us to make the requested disclosure, if we receive a written statement and accompanying documentation demonstrating that:

(i) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding which (A) prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and (B) requires the return to us or destruction of your protected health information (including all copies made) at the end of the litigation or proceeding; or

(ii) The party seeking the protected health information has requested such a qualified protective order from the court or administrative tribunal.

(d) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal or your authorization for us to make the requested disclosure, if we make reasonable efforts to provide written notice to you (or, if your location is unknown, to mail a notice to your last known address), including sufficient information about the litigation or proceeding in which the protected health information is requested to permit you to raise an objection to the court or administrative tribunal; the time for you to raise objections to the request with the court or administrative tribunal has expired, and either no objections were filed by you or you did

file objections but all objections filed by you have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

F. We may disclose your protected health information for a law enforcement purpose to a law enforcement official if:

1. We are required to make the disclosure as required by law, including laws that require the reporting of certain types of wounds or other physical injuries, or

2. We are required to make the disclosure in order to comply with

(a) court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

(b) a grand jury subpoena; or

(c) an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

(i) The information sought is relevant and material to a legitimate law enforcement inquiry;

(ii) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(iii) Information which does not identify you could not reasonably be used.

G. We may disclose the following information about you in response to a law enforcement official's request for such information in the course of a criminal investigation:

1. Your name and current address, if known;

2. Whether you have been a patient in a state facility.

H. We may disclose to a law enforcement official investigating the commission of a crime on the premises of our facilities or against our personnel or the threat to commit such a crime the circumstances of an incident, including if relevant to that investigation whether you are or have been a patient in the facility, and your name, address, and last known whereabouts.

I. We may disclose your protected health information after your death to a coroner or medical examiner in order to make a report of the death when required by law and for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. These disclosures may be made with or without a subpoena.

J. We may use or disclose your protected health information for research, regardless of the source of funding of the research, provided that:

1. We obtain documentation that an alteration to or waiver, in whole or in part, of the standard individual authorization for use or disclosure of protected health information of the standard individual authorization for use or disclosure of protected health information has been approved by either:

- (a) An Institutional Review Board (IRB), established in accordance with Federal regulations; or
  - b) A privacy board constituted as provided by the Federal Privacy Rule regulations.
2. We obtain from the researcher representations that:
- (a) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposed preparatory to research;
  - (b) No protected health information is to be removed from our files by the researcher in the course of the review; and
  - (c) The protected health information for which use or access is sought is necessary for the research purposes.
3. We obtain from the researcher:
- (a) Representation that the use or disclosure sought is solely for research on the protected health information of decedents;
  - (b) Documentation, at our request, of the death of such individuals; and
  - (c) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.
- K. We may, consistent with applicable law and standards of ethical conduct, use or disclose your protected health information, if we, in good faith, believe the use or disclosure:
- 1. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
  - 2. Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

However, we may not use or disclose your protected health information if that information is learned by us in the course of referral for treatment or treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure or counseling or therapy for that propensity.

L. We may disclose your protected health information to a correctional institution or a law enforcement official having lawful custody of you, if we are providing services to you while you are in custody, if we are providing the services under a direct or indirect agreement with the correctional institution or law enforcement official, if the correctional institution or such law enforcement official represents to us that such protected health information is necessary to provide health care to you, to protect your health and safety and the health and safety of others, to enforce the law in the facility, and to manage the facility.

However, we cannot make a disclosure after you are no longer an inmate because you have been released on parole, probation, supervised release, or otherwise are no longer in lawful custody, we may not make a disclosure to correctional institution or to the person who had custody.

M. We may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

N. We may disclose "de-identified" information abstracted from your protected health information. "De-identified information" is information which does not identify you, your relatives, employers, or household members or other person and has been so altered that no one reviewing the remaining information can in any way determine that the health information relates to you, that does not identify you, your relatives, your employers, or household members or other person and with respect to which there is no reasonable basis to believe that the information can be used to identify you, your relatives, your employers, or household members or other person.

## **VII. CONFIDENTIALITY OF SUBSTANCE ABUSE PROGRAM RECORDS**

A. If the services we provide to you are diagnosis or treatment for drug or alcohol abuse, or referral by us to another person for diagnosis or treatment, the following limitations on our disclosure of your protected health information disclosing that you are or have ever been participant in those services or that you sought or were referred to us for those services are superceded by the following and your protected health information may be used or disclosed without your authorization only as follows:

B. We may use or disclose your protected health information so that we can provide treatment to you, be paid for our services to you, and to manage our organization. In order to perform those activities, we may disclose your protected health information to our business associates who perform those activities for us or who assist us in performing those activities. Business associate means a person who signs a written agreement which requires that person to maintain the privacy of your protected health information in the same manner we are required to maintain the privacy of your protected health information, including the limitations on our disclosure of health information disclosing that you are or have ever been a participant in those services or that you sought or were referred to us for those services.

Any use or disclosure for these purposes must also meet the requirements stated above for all protected health information.

2. We may disclose your protected health information concerning substance abuse services to medical personnel who have need for information about you in order to treat a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

3. We may disclose to others your protected health information concerning substance abuse services for conducting scientific research if we determine that the person to whom we disclose the information is qualified to conduct the research; the research will be conducted in such a way that your privacy will be protected; the security and benefits of the research are independently approved; and the researcher agrees not to disclose any information identifying you except to us. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

4. We may disclose to others your protected health information concerning substance abuse services if the disclosure is made for the purpose of auditing or evaluating our programs, the audit or evaluation is determined by us to be conducted by qualified people and those people agree to maintain the privacy of your records in the same manner we are required to do so, the audit or evaluation is for any government agency that provides financial assistance for our services or regulates our services, or the audit or evaluation is for a private person that provides financial assistance for our services, to an insurance company or other third party payer who pays us for our services, or to an organization which evaluates the quality of our services. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

5. We are required to disclose your protected health information concerning substance abuse services if the disclosure is made for audit or evaluation of that information for the purpose of the regulation of our services by Medicare or Medicaid. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

6. We may disclose your protected health information concerning substance abuse services if a court order compels that disclosure. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

7. We are required to disclose your protected health information concerning substance abuse services if we receive a subpoena but only if the subpoena has been authorized by a court order. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

8. A court may authorize others to obtain your protected health information concerning our substance abuse services without our notice in order to permit an investigation or prosecution of us or our staff.

9. We may disclose your protected health information concerning substance abuse services in order to comply with State laws requiring us to report incidents of child abuse. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

10. We may disclose your protected health information concerning substance abuse services in connection with the report or investigation of your commission of a crime on our premises or against our personnel or your threat to commit such a crime. Any disclosure for these purposes must also meet the requirements stated above for all protected health information.

## **VIII. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

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

Notice of Privacy Practices – Page 12

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records.

You must submit your request in writing to the medical record technician at your treatment site. If you request a copy of the information, we may charge a fee for the cost of copying.

Your request to inspect or copy your protected health information may be denied if the treating physician determines that disclosure is detrimental to your physical or mental health. A notation to that effect will be made part of your medical record. If this occurs, then you may file a complaint as outlined in Section IX.

B. Right to Amend

For as long as we keep records about you, you have the right to request to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Any amendment to the record must be made on a blank progress note form (which will be provided at your request), include the reason why you believe the information in the record is incorrect or inaccurate and you must sign and date the information.

The amendment will be inserted into your medical record in the section that you amended if not denied. If it is denied, you will be given a written notice within 60 days along with instructions about filing a complaint.

C. Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting of disclosures we have made of your protected health information. An accounting is a list of disclosures. This list will not include certain disclosures of your protected health information. By way of example, those we have made for purposes of treatment, payment, and health care operations as well as those you have authorized.

To request an accounting of disclosures, you must submit your request in writing to the medical records technician at your treatment site. The request should state the time period for which you wish to receive an accounting. This time period cannot be longer than six years and cannot include dates before April 14, 2003.

The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs

A. Right to Request Restrictions

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. A request for restrictions must be made in writing to the Privacy Officer at Cobb/Douglas CSB, 3830 South Cobb Drive, Smyrna, GA 30080. Only the Executive Director, or his designee, may agree on behalf of the Cobb/Douglas CSB to any restriction. No agreement by the Executive Director, or his designee, is valid or enforceable unless that agreement

Notice of Privacy Practices – Page 13

is in writing and is signed by the executive director, or his designee. These requirements may not be waived by any staff member. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about your protected health care only in a certain location or through a certain method. To request confidential communication, you must make your request in writing to the Privacy Officer, Cobb / Douglas CSB, 3830 South Cobb Drive, Smyrna, GA 30080. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

F. Right to a Paper Copy of this Notice

You have the right to obtain a paper copy of the Notice of Privacy Practices at any time even if you have agreed to receive this Notice of Privacy Practices electronically. To obtain a paper copy, contact the Front Desk staff at your treatment site or you may contact the Privacy Officer.

**IX. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201. All complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

To file a complaint with us, contact our office responsible for receiving complaints at: Privacy Officer, Cobb / Douglas CSB, 3830 South Cobb Drive, Smyrna, GA 30080, and Telephone # 770-429-5000.

All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

**X. CHANGES TO THIS NOTICE**

The current Notice of Privacy Practices is posted at our main office and at each site where we provide care. We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. Any revised Notice will be posted as stated above. You may also obtain a copy of the current Notice of Privacy Practices by accessing our web-site at [www.cobbcsb.com](http://www.cobbcsb.com).

**XI. WHO WILL FOLLOW THIS NOTICE**

The Cobb / Douglas Community Service Board will follow this Notice of Privacy.

**XII. EFFECTIVE DATE**

This Notice of Privacy Practices is effective November 15, 2003.