



# PHI Disclosure Information

*How your protected health information will be used for business purposes*

Protected health information (PHI) can be described as any information or data about health status, provision of care, payment information or payment for services, and any and all documents, data, records, or information related to the treatment and care of a person or persons receiving treatment. This information is either created or collected by a “Covered Entity” (or Business Association of a Covered Entity) and can be directly linked to a specific individual or group of persons. This definition is very broad and includes virtually every part of a person’s medical or mental health record, and payment history. This document will describe to you how I will create, collect, store, and use your protected health information for my business purposes as your mental health provider.

## PHI & HIPAA

I do not accept insurance payments for my services at this time. As such, I am not considered a HIPAA-Covered Entity. However, in the spirit of best practice, I have chosen to adhere to the guidelines set forth by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). This will provide you, the client with the most ethical and secure documentation procedures which will hopefully result in increased confidence in services. If you would like to request reimbursement for my services through your insurance company, I will be happy to provide you with a “superbill” for my services, which you can submit with a claim to your provider. I cannot guarantee any return on your effort, nor can I guarantee any level of confidentiality with documents you prepare and send or disclose to other parties.

## PHI Payments

When you make a payment to me for mental health or other services, it is possible that your identity may be disclosed during typical business practices. Should you write a check, use a credit or debit card, or request receipts for services, your name and information is associated with my business, which is a known mental health service company. This indicates that in some way you are connected or contracting for services - implying you are a client. I cannot guarantee who will see this information or be able to make the connection. You should know that my professional business bank account is held with JP Morgan Chase Bank, NA, and my local branch where a majority of my transactions will occur is located at 250 Rucker Rd, Alpharetta, GA 30004. Additionally, I utilize Square Point of Sale and card reader to accept major credit cards and send invoices. This application may collect your information in a way consistent with their business practices, which can be discovered and known by reading their terms of use and service agreements on their website at <http://www.squareup.com>. Every effort will be made to protect your privacy during these typical business practices, and only the bare minimum information will be provided – absolutely no details of your mental health treatment or services I provide will be disclosed.

## PHI Documentation & Files

### *Creation & Collection*

Any and all records, documentation, file components, artifacts or correspondence will be kept and organized in accordance with the most ethical and up-to-date best practices of my specialty. The creation of documents will only occur in a secure, confidential location (my office), and will not be distributed or moved without your notification and under a confidential manner.

### *Storage & Safekeeping*

As of the date of this document, I work out of the office of Dr. Dana Reid, 5755 North Point Parkway Alpharetta GA 20022. This is the location where your files and clinical documentation will be stored in physical form. I currently do not keep any documentation or files in a digital capacity. Your contact information – a basic name, email, and phone number contact list – will be stored in a digital capacity with the service that provides my professional business phone line. This service is password protected, encrypted, and requires SSI to access the information. I keep your name, email, and phone number with this service outside of your documentation for the rare situation in which I would need to contact you outside of the office or in an emergency situation.

Your case files and documentation will be kept under double secure lock – meaning that there will be at least two separate locking mechanisms in place between the ‘general public’ and the location of your secure documents. For my practice, this means that your file will be secured within my individual office (with locked door), locked in a file cabinet. Additionally, there is a third layer of security, in the external doors/windows of the building that additionally secure your documentation. The only people who have access to my office space directly are myself,

and my lessor (Dr. Reid). Dr. Reid is also compelled to comply with all legal and ethical documentation and confidentiality guidelines associated with mental health. She does not have access to my files or my file cabinet, only the space itself. The only person who has access to the file cabinet where your files will be housed is myself.

#### *Executor Pro Tem*

Should a significant tragedy occur (such as a significant long-term medical ailment or my untimely demise – and only in such a situation), Dr. Christopher K. Belous, a licensed mental health provider and confidant will serve as a professional executor pro tem. He will have the ability to contact you to provide information and referrals and will serve as the record keeper until the prescribed destruction time. In such an extreme situation he will have access to your documentation (including your name and phone number) and will call you directly. Any moneys owed or delivered to my practice post mortem or disability will be distributed to my heirs and assigned beneficiaries without disclosure of origination.

#### *Destruction of Historical Records*

I will keep a complete record of all services and documentation for a period not to exceed 5 calendar years from the date of termination for clinical services. At the completion of the 5 calendar years, all documents will be destroyed utilizing the most secure and confidential method possible – such as cross-cut shredding and/or professional shredding and destruction services from a licensed, HIPAA compliant business.

- After the 5 years, and after the destruction of physical copies, only a single page summary that includes your name, contact information, presenting problem statement (one line), diagnosis code, and summary treatment information (number of sessions, start and end date of services, payment owed/provided, and interaction with other helping professionals) will be kept in a secure digital format. This single document will be kept indefinitely for posterity. Upon my retirement, disability, death, or 10 years post termination of clinical services, I (or my designated executor pro tem) reserve the right to delete and destroy this digital copy.

#### Your Rights Associated with your PHI

You have many rights when it comes to your treatment! The following is a summary of the rights that pertain mostly to your PHI, and how I use the information.

- Right of Access and to Inspect a Copy – you are allowed unfettered access to your documentation
- Right to Amend – you are allowed to request amendments to information contained in your PHI; I have the right to deny an amendment if it is known to be incorrect or incompatible with best practices
- Right to an Accounting of Disclosures – you have a right to know how, in what way, and exactly when any disclosures have occurred of your PHI
- Right to Request Restrictions – you have the right to request a restriction in how your PHI is disclosed; any request will be countered and collaborated between us to ensure best practices
- Right to Request Confidential Communication – you have the right to confidential communication and processes at all times
- Right to a Copy of this Notice – you are able to receive a copy of this notice
- Right to File a Complaint – you may file a complaint if you feel your privacy rights have been violated

Should you have any questions, I would be happy to go over them in more detail. Additionally, should you wish to lodge a complaint about my privacy practices or the way in which I manage your PHI, please contact me directly and we can discuss the situation. There will be no retribution or retaliation.

Should you wish to file a complaint with a more formal entity, you may do so by contacting:

Timothy Noonan, Southeast Regional Manager  
Office for Civil Rights  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Customer Response Center: (800) 368-1019 / TDD :(800) 537-7697  
Fax: (202) 619-3818  
Email: ocrmail@hhs.gov