

**Gathering Precious Stones, LLC  
Counseling and Assessment Services**

**Notice of Privacy Policy**

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

**Our Commitment to Protect Your Mental Health and Medical Information**

You have a right to privacy with respect to your past, present, and future mental health and medical information. Gathering Precious Stones, LLC. is required by law to protect your information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. You have the right to receive a paper copy of this Notice. An electronic copy of this

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. In the event this Notice is revised, you may request a paper copy of the revised notice or view the revised notice at the above web address.

**How We May Use and Disclose Your Protected Health Information**

We use and disclose protected health information for a variety of reasons. In general, our use and disclosures fall within the following three categories: treatment, payment, and health care operations.

**Treatment** – We will use your protected health information and disclose it to others as necessary to provide treatment to you. For example, members of our clinical staff may access your record in the course of your care, or share information in the process of coordinating your care. Such staff members include physicians, psychologists, nurses, and other mental health professionals. Additionally, disclosure to another facility, community health center, or private practitioner may become necessary for your continued treatment.

**Payment** – We will use or disclose your protected health information as necessary to arrange for payment of services provided to you. For example, information about your diagnosis and the services we provide to you may be included in a bill that we send to a third-party payer.

**Health Care Operations** – We will use or disclose your protected health information in the course of operating Gathering Precious Stones, LLC. Centers or for the health care operations of another organization that has a relationship with you. For example, our quality assurance staff reviews records to ensure that our high standards of treatment delivery are reached consistently. In addition, Gathering Precious Stones, LLC. may contract with outside companies, or “business associates”, such as consultants,

accountants, lawyers, and medical transcriptions, to provide services that may involve the use of your protected health information.

Unless you instruct us otherwise, we may also send appointment reminders, information about treatment options and other health-related benefits that may be of interest, and other similar materials to you.

### **Uses and Disclosures Requiring Your Authorization**

We are generally prohibited from using or disclosing your protected health information for purposes other than treatment, payment, and health care operations without your written authorization, unless the use or disclosure is within one of the categories described below. In addition, we generally may not use or disclose psychotherapy notes written by your mental health provider without your written authorization, even for treatment, payment and health care operations. You have the right to revoke your authorization in writing at any time, except to the extent that we have already undertaken an action in reliance upon your authorization

### **Uses and Disclosures Not Requiring an Authorization**

By law, we may use or disclose certain of your protected health information without an authorization in the following circumstances:

**When required by law** – We may disclose protected health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to certain criminal activity, or in response to a court order. We must also disclose protected health information to authorities that monitor our compliance with these privacy requirements.

**For public health activities** – We may disclose certain protected health information to public health agencies as permitted or required by law.

**For health oversight activities** – We may disclose certain protected health information to certain government agencies for oversight activities authorized by law.

**Judicial and Administrative Proceedings** – We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information in certain cases in response to a subpoena, discovery request, or other lawful process, subject to your notice and opportunity to object.

**Relating to deceased individuals** – We may disclose certain protected health information related to death to pursuant to a valid subpoena of a coroner or medical examiner.

**To avert a serious threat to health or safety** – We may disclose protected health information, in order to avoid a serious threat to your health or safety and the health and safety of the public or another person.

**For specific government functions** – We may disclose protected health information as required by military authorities, to correctional facilities in certain situations, to

government benefit programs relating to eligibility and enrollment, and for national security and intelligence reasons, such as protection of the President.

### **Uses and Disclosures of Alcohol/Drug Treatment Records**

At Gathering Precious Stones, LLC., personally identifying information related to the treatment of substance abuse has special legal privacy protections. We will not disclose any information identifying you as a Client of our services or provide any mental health or medical information relating to substance abuse treatment except in certain circumstances, including but not limited to: (1) you consent in writing; (2) a court orders disclosure of the information after a show cause hearing as required under Georgia Law; (3) medical personnel need the information to meet a medical emergency; (4) qualifying personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or threat to commit a crime or to report child abuse or neglect as required by law. As applicable, you will be provided an additional notice regarding the confidentiality of substance abuse information.

### **Uses and Disclosures to Which You May Object**

In the following situations, we may disclose a limited amount of your protected health information if we inform you in advance and you do not object, as long as law does not otherwise prohibit the disclosure:

**To families, friends, or others involved in your care** – We may share with these people certain information directly related to their involvement in your care, or payment for your care. We may share certain protected health information with these people to notify them about your location, general condition, or death.

**Patient directories** – Your name, location, and general condition may be put into a facility patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.