

Hillside Counseling Center  
4474 Towne Lake Parkway, Woodstock, Georgia 30189  
(770) 924-8517

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**CLIENT INFORMATION FORM-Child/Adolescent**

*\*This Form is Confidential\**

We are honored to have the opportunity to work with you. This packet contains information that we will need to have on file in order to provide you with therapy services.

Today's date: \_\_\_\_\_

Your child's name: \_\_\_\_\_  
Last First Middle Initial

Parent or Legal Guardian's Name: \_\_\_\_\_  
Last First Middle Initial

Child's date of birth: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Legal Guardian's Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

Person(s) to notify in case of any emergency: \_\_\_\_\_  
Name Phone

We will only contact this person if we believe it is a life or death emergency. Please provide your signature to indicate that we may do so: (Your Signature): \_\_\_\_\_

Please briefly describe your child's presenting concern(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your/your child's goals for therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Please explain any significant medical problems, symptoms, or illnesses your child has had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications** (if you need more room, please write on the back of this page):

Name of Medication	Dosage	Purpose	Name of Prescribing Doctor

Previous medical hospitalizations (Approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Previous psychiatric hospitalizations (Approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

Has your child ever talked with a psychiatrist, psychologist, or other mental health professional? (If yes, please list approximate dates and reasons): \_\_\_\_\_

\_\_\_\_\_

**FAMILY:**

How would you describe your child's relationship with his or her mother? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's relationship with his or her father? \_\_\_\_\_

\_\_\_\_\_

Are the child's parents still married or did they divorce? \_\_\_\_\_ If they divorced, how old was the child when the parents separated or divorced and how do you think this impacted him or her? \_\_\_\_\_

\_\_\_\_\_

Please describe your child's relationship with his or her grandparents: \_\_\_\_\_

\_\_\_\_\_

Were there any other primary care givers who have had a significant relationship with your child? If so, please describe how these people may have impacted your child's life: \_\_\_\_\_

\_\_\_\_\_

How many sisters does your child have? \_\_\_\_\_ Ages? \_\_\_\_\_

How many brothers does your child have? \_\_\_\_\_ Ages? \_\_\_\_\_

How would you describe your child's relationships with his or her siblings? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SUPPORT, SELF-CARE, & EDUCATION:**

POOR

EXCELLENT

Child's current level of satisfaction with friends and social support:      1   2   3   4   5   6   7

How would you describe your child's relationships with his/her peers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe any history of abuse, neglect and/or trauma: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your child's self-care and coping skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your child's diet, weight, and exercise/activity patterns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your child's school performance and experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your child's hobbies, talents, and strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD & **CIRCLE** THE MAIN PROBLEM:

DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST
Anxiety →				Tantrums →				Nausea →		
Depression				Parents Divorced				Stomach Aches		
Mood Changes				Seizures				Fainting		
Anger or Temper				Cries Easily				Dizziness		
Panic				Problems with Friend(s)				Diarrhea		
Fears				Problems in School				Shortness of Breath		
Irritability				Fear of Strangers				Chest Pain		
Concentration				Fighting with Siblings				Lump in the Throat		
Headaches				Issues Re: Divorce				Sweating		
Loss of Memory				Sexually Acting Out				Heart Problems		
Excessive Worry				History of Child Abuse				Muscle Tension		
Wetting the Bed				History of Sexual Abuse				Bruises Easily		
Trusting Others				Domestic Violence				Allergies		
Communicating with Others				Thoughts of Hurting Someone Else				Often Makes Careless Mistakes		
Separation Anxiety				Hurting Self				Fidgets Frequently		
Alcohol/Drugs				Thoughts of Suicide				Impulsive		
Drinks Caffeine				Sleeping Too Much				Waiting His/Her Turn		
Frequent Vomiting				Sleeping Too Little				Completing Tasks		
Eating Problems				Getting to Sleep				Paying Attention		
Severe Weight Gain				Waking Too Early				Easily Distracted by Noises		
Severe Weight Loss				Nightmares				Hyperactivity		
Head Injury				Sleeping Alone				Chills or Hot Flashes		

**FAMILY HISTORY OF (Check all that apply):**

Drug/Alcohol Problems				Physical Abuse				Depression			
Legal Trouble				Sexual Abuse				Anxiety			
Domestic Violence				Hyperactivity				Psychiatric Hospitalization			
Suicide				Learning Disabilities				“Nervous Breakdown”			

**Any additional information you would like to include:**

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## INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to **Hillside Counseling Center**. We are very pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at **Hillside Counseling Center**. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### Background Information, Theoretical Views, & Client Participation

Information regarding your therapist's educational background and experience may be found on our website under his or her name. Please feel free to view that information at [www.hillsidecounselingcenter.com](http://www.hillsidecounselingcenter.com)

It is our belief that as people become more aware accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist/group leader at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your therapist. We also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit. If at any point you are unable to keep your appointments or we don't hear from you for one month, we will need to close your chart. However, reopening your chart and resuming treatment is always an option.

### Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our locked office. Hillside Counseling Center ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, Federally approved encryption. Your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. This state has a very good track record in respecting this legal right. If for some unusual reason a

judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Supervision is a good way to increase our skills as counselors. At times, your therapist may seek supervision from other professionals. This information will be de-identified so that your case will not be identifiable. Additionally, if you give permission, your de-identified information may be used as examples for the training of other counselors.

If you choose to use counseling services during the school day or during enrichment, you authorize Hillside Counselors to escort your child to and from the classroom.

Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

#### Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$85 per 45 minute session and \$100 per 60 minute unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone is not ideal, and needing to talk to your therapist between sessions may indicate that you need extra support. If this is the case, you and your therapist will need to explore adding sessions or developing other resources you have available to help you. The fee for each session will be due at the conclusion of the session. Cash or personal checks are acceptable for payment, and we will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

#### Cancellation Policy

In the event that you are unable to keep an appointment, you must notify your therapist at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

#### In Case of an Emergency

**Hillside Counseling Center** is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24-48 hours. If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

#### Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be

unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### Statement Regarding Ethics, Client Welfare & Safety

**Hillside Counseling Center** assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Carol Zepf at (770) 924-8517.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

### Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional. Therefore, we've developed the following policies:

**Cell phones:** It is important for you to know that cell phones may not be completely secure or confidential. However, we realize that most people have and utilize a cell phone. Your therapist may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with your therapist.

**Text Messaging and Email:** Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. We realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is our policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that your therapist will not respond. **You also need to know that we are required to keep a summary or a copy of all emails and texts as part of your clinical record that address anything related to therapy.**

**Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc:** It is our policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. **Hillside Counseling Center** has a business Facebook page. You are welcome to follow us on any of these pages. However, please do so only if you are comfortable with the general public being

aware of the fact that your name is attached to **Hillside Counseling Center**. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

Google, Bing, etc.: It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself to your therapist as you feel appropriate. If there is content on the Internet that you would like to share with your therapist for therapeutic reasons, please print this material and bring it to your session.

Faxing Medical Records:

If you authorize us (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, we may need to fax that information to the authorized entity. It is our responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of our fax machine. However, our fax machine is kept behind two locks in our office. And, when our fax machine needs to be replaced, we will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps):

During the course of treatment, your therapist may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to your therapist if you would like this information as adjunct to your treatment or if you prefer that your therapist does not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication.



Our Agreement to Enter into a Therapeutic Relationship

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

\_\_\_\_\_  
**Client Name (Please Print)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

**If Applicable:**

\_\_\_\_\_  
**Parent's or Legal Guardian's Name (Please Print)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist's Signature** \_\_\_\_\_

**Minor Consent to Counseling**

As a parent or legal guardian of \_\_\_\_\_, I  
(Child's Name)  
authorize he/ she to be evaluated/ treated by \_\_\_\_\_ .  
(Therapist's Name)

As a parent or legal guardian, I have the right to request information concerning  
the above minor's evaluation and treatment.

Child's Full Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent or Guardian  
(Please circle one)

Witnessed: \_\_\_\_\_

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**Health Insurance Portability and Accountability Act (HIPAA)**

**NOTICE OF PRIVACY PRACTICES**

**I. COMMITMENT TO YOUR PRIVACY:** Hillside Counseling Center is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services either in paper or electronic format. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that Hillside Counseling Center maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

**II. LEGAL DUTY TO SAFEGUARD YOUR PHI:** By federal and state law, Hillside Counseling Center is required to ensure that your PHI is kept private. This Notice explains when, why, and how Hillside Counseling Center would use and/or disclose your PHI. Use of PHI means when Hillside Counseling Center shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when Hillside Counseling Center releases, transfers, gives, or otherwise reveals it to a third party outside of the Hillside Counseling Center. With some exceptions, Hillside Counseling Center may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Hillside Counseling Center is always legally required to follow the privacy practices described in this Notice.

**III. CHANGES TO THIS NOTICE:** The terms of this notice apply to all records containing your PHI that are created or retained by Hillside Counseling Center. Please note that Hillside Counseling Center reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that Hillside Counseling Center has created or maintained in the past and for any of your records that Hillside Counseling Center may create or maintain in the future. Hillside Counseling Center will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of Hillside Counseling Center’s Notice of Privacy Practices.

**IV. HOW YOUR NAME MAY USE AND DISCLOSE YOUR PHI:** Hillside Counseling Center will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures with some examples.

**1. For Treatment:** Hillside Counseling Center may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are; otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, Hillside Counseling Center may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, Hillside Counseling Center will always ask for your authorization in writing prior to any such consultation.

**2. For Health Care Operations:** Hillside Counseling Center may disclose your PHI to facilitate the efficient and correct operation of its practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

**3. To Obtain Payment for Treatment:** Hillside Counseling Center may use and disclose your PHI to bill and collect payment for the treatment and services Hillside Counseling Center provided to you. Example: Hillside Counseling Center might send your PHI to your insurance company or managed health care plan in order to get payment for the health care services that have been provided to you. Hillside Counseling Center could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for Hillside Counseling Center’s office if either you or your insurance carrier are not able to stay current with your account. In this latter instance, Hillside Counseling Center will always do its best to reconcile this with you first prior to involving any outside agency.

**4. Employees and Business Associates:** There may be instances where services are provided to Hillside Counseling Center by an employee or through contracts with third-party “business associates.” Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, Hillside Counseling Center will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of Hillside Counseling Center.

**Note:** This state and Federal law provides additional protection for certain types of health information, including **alcohol or drug abuse, mental health and AIDS/HIV**, and may limit whether and how Hillside Counseling Center may disclose information about you to others.

**V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES - YOUR NAME may use and/or disclose your PHI without your consent or authorization for the following reasons:**

1. **Law Enforcement:** Subject to certain conditions, Hillside Counseling Center may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: Hillside Counseling Center may make a disclosure to the appropriate officials when a law requires Hillside Counseling Center to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. **Lawsuits and Disputes:** Hillside Counseling Center may disclose information about you to respond to a court or administrative order or a search warrant. Hillside Counseling Center may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. Hillside Counseling Center will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
3. **Public Health Risks:** Hillside Counseling Center may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
4. **Food and Drug Administration (FDA):** Hillside Counseling Center may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
5. **Serious Threat to Health or Safety:** Hillside Counseling Center may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if Hillside Counseling Center determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, Hillside Counseling Center may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
6. **Minors:** If you are a minor (under 18 years of age), Hillside Counseling Center may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
7. **Abuse and Neglect:** Hillside Counseling Center may disclose PHI if mandated by Georgia child, elder, or dependent adult abuse and neglect reporting laws. Example: If Hillside Counseling Center has a reasonable suspicion of child abuse or neglect, Hillside Counseling Center will report this to the Georgia Department of Child and Family Services.
8. **Coroners, Medical Examiners, and Funeral Directors:** Hillside Counseling Center may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. Hillside Counseling Center may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
9. **Communications with Family, Friends, or Others:** Hillside Counseling Center may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, Hillside Counseling Center may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.
10. **Military and Veterans:** If you are a member of the armed forces, Hillside Counseling Center may release PHI about you as required by military command authorities. Hillside Counseling Center may also release PHI about foreign military personnel to the appropriate military authority.
11. **National Security, Protective Services for the President, and Intelligence Activities:** Hillside Counseling Center may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
12. **Correctional Institutions:** If you are or become an inmate of a correctional institution, Hillside Counseling Center may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others
13. **For Research Purposes:** In certain limited circumstances, Hillside Counseling Center may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
14. **For Workers' Compensation Purposes:**

Hillside Counseling Center may provide PHI in order to comply with Workers' Compensation or similar programs established by law.

15. **Appointment Reminders:** Hillside Counseling Center is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.
16. **Health Oversight Activities:** Hillside Counseling Center may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess Hillside Counseling Center's compliance with HIPAA regulations.
17. **If Disclosure is Otherwise Specifically Required by Law.**
18. **In the Following Cases, Hillside Counseling Center Will Never Share Your Information Unless You Give us Written Permission:** Marketing purposes, sale of your information, most sharing of psychotherapy notes, and fundraising. If we contact you for fundraising efforts, you can tell us not to contact you again.

**VI. Other Uses and Disclosures Require Your Prior Written Authorization:** In any other situation not covered by this notice, Hillside Counseling Center will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying Hillside Counseling Center in writing of your decision. You understand that Hillside Counseling Center is unable to take back any disclosures it has already made with your permission, Hillside Counseling Center will continue to comply with laws that require certain disclosures, and Hillside Counseling Center is required to retain records of the care that its therapists have provided to you.

#### **VII. RIGHTS YOU HAVE REGARDING YOUR PHI:**

**1. The Right to See and Get Copies of Your PHI either in paper or electronic format:** In general, you have the right to see your PHI that is in Hillside Counseling Center's possession, or to get copies of it; however, you must request it in writing. If Hillside Counseling Center does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from Hillside Counseling Center within 30 days of receiving your written request. Under certain circumstances, Hillside Counseling Center may feel it must deny your request, but if it does, Hillside Counseling Center will give you, in writing, the reasons for the denial. Hillside Counseling Center will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged a reasonable fee per page and the fees associated with supplies and postage. Hillside Counseling Center may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

**2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that Hillside Counseling Center limit how it uses and discloses your PHI. While Hillside Counseling Center will consider your request, it is not legally bound to agree. If Hillside Counseling Center does agree to your request, it will put those limits in writing and abide by them except in emergency situations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. You do not have the right to limit the uses and disclosures that Hillside Counseling Center is legally required or permitted to make.

**3. The Right to Choose How Hillside Counseling Center Sends Your PHI to You:** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Hillside Counseling Center is obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.

**4. The Right to Get a List of the Disclosures.** You are entitled to a list of disclosures of your PHI that Hillside Counseling Center has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003.

Hillside Counseling Center will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Hillside Counseling Center will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request.

**5. The Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**6. The Right to Amend Your PHI:** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that Hillside Counseling Center correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of Hillside Counseling Center's receipt of your request. Hillside Counseling Center may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than Hillside Counseling Center. Denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written

statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and *YOUR NAME's* denial will be attached to any future disclosures of your PHI. If *YOUR NAME* approves your request, it will make the change(s) to your PHI. Additionally, *YOURNAME* will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

**6. The Right to Get This Notice by Email:** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

**7. Submit all Written Requests:** Submit to Hillside Counseling Center's Director and Privacy Officer, Carol Zepf at the address listed on top of page one of this document.

**VIII. COMPLAINTS:** If you are concerned your privacy rights may have been violated, or if you object to a decision Hillside Counseling Center made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Hillside Counseling Center will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

**Please discuss any questions or concerns with your therapist.** Your signature on the "Information, Authorization, and Consent to Treatment" (provided to you separately) indicates that you have read and understood this document.

**IX. Hillside Counseling Center's Responsibilities:** We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*Date of Last Revision: [10/23/14](#)*