



Psychology Clinic - 706-542-1173
139 Psychology Building, University of Georgia, Athens, GA 30602-3013

Notice of Privacy Practices

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

Uses and Disclosures for Treatment, Payment and Health Care Operations

The University of Georgia Psychology Clinic may use or disclose your protected health information (PHI), for treatment, payment and health care operations purposes without your consent.

To help clarify these terms, here are some definitions:

- *"PHI"* refers to information in your health record that could identify you.
- *"Treatment"* is when the Psychology Clinic provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when the therapist consults with another health care provider, such as your family physician or another psychologist.
- *"Payment"* is when the Psychology Clinic obtains reimbursement for your healthcare, whether through insurance or otherwise.
- *"Health Care Operations"* are activities that relate to the performance and operation of the Psychology Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services and case management and care coordination.
- *"Use"* applies only to activities within the Psychology Clinic such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of the Psychology Clinic such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

The Psychology Clinic may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the Psychology Clinic is asked for information for purposes outside of treatment, payment or health care operations we will obtain an authorization from you before releasing this information, unless otherwise required by law.

The Psychology Clinic will also need to obtain an authorization before releasing your Psychotherapy Notes. *"Psychotherapy Notes"* are notes the therapist has made about conversations during a therapy session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

You may revoke all such authorizations to disclose PHI, Psychotherapy Notes and substance use disorder patient records at any time, provided each revocation is in writing. You may not revoke an

authorization to the extent that (1) the Psychology Clinic has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

The Psychology Clinic may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse, Elder Abuse and Abuse of a Disabled Person-** If we have reasonable cause to believe that a child under the age of eighteen, an elder adult, or a disabled adult has been physically, sexually, or emotionally abused, neglected, exploited or endangered, we must make a report to the appropriate state agency as required by law as well as the UGA police.
- **Health Oversight Activities-** If the Psychology Clinic or your therapist is the subject of an inquiry by the Georgia Board of Psychological Examiners, we may be required to disclose PHI regarding you in proceedings before the Board.
- **Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made about the professional services the Psychology Clinic has provided you or the records thereof, such information is privileged under state law, and we will not release information without your written consent or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety-** If it is determined, or pursuant to the standards of ethical mental healthcare your provider should determine, that you present a serious danger of violence to yourself or another, the Psychology Clinic may disclose information to appropriate persons in order to provide protection against such danger to you or the intended victim.
- **Worker's Compensation-** The Psychology Clinic may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions-** You have the right to request restrictions on certain uses and disclosures of protected health information. However, the Psychology Clinic is not required to agree to a restriction you request. For example, we may decline your request if it could affect your care. If we agree to your request, we may still share this information in the event that you need

emergency treatment. 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. We will say “yes” unless a law requires us to share that information.

- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. We will say “yes” to all reasonable requests.
- Right to Inspect and Copy- You have the right to inspect and obtain a paper or electronic copy of PHI in the health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The Psychology Clinic may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Right to Correct- You can ask us to correct health information about you that you think is incorrect or incomplete for as long as the PHI is maintained in the record. The Psychology Clinic may deny your request. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Right to an Accounting- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Right to a Paper Copy of this Notice- You have the right to obtain a paper copy of this notice from the Psychology Clinic upon request, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Right to be notified of Breach of Unsecured PHI- We will notify you in the event of a breach involving your PHI in which PHI was not encrypted to government standards and our risk assessment failed to determine a low probability that your PHI was compromised.
- Right to file a complaint if you think your rights are violated- You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

If someone has authority to act as your personal representative, such as if someone has your 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.

The Psychology Clinic's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. This notice serves as notice of our legal duties and privacy practices.
- The Psychology Clinic reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If the Psychology Clinic revises our policies and procedures, we will provide you with the update on the first day of treatment following the revision, or by mail within 14 days of the update, whichever is earliest. The revision will be posted in our waiting room.

Questions and Complaints

If you have questions about this notice, disagree with a decision the Psychology Clinic makes about access to your records, or have other concerns about your privacy rights, you may contact the Clinic Director, Dr. Emily Mouilso, at Psychology Department, 125 Baldwin Street, Athens, GA 30602.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to the Psychology Clinic at Psychology Clinic, Psychology Department, 125 Baldwin Street, Athens, GA 30602.

You may also send a written complaint to U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

You have specific rights under the Privacy Rule of the Health Insurance Portability and Accountability Act. There will be no retaliation for exercising your right to file a complaint.

Effective Date, Restrictions and Changes to Privacy Policy

This notice is effective as of 05/28/2026.

The Psychology Clinic reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. You will be provided with a revised notice by the first day of treatment following the revision, or by mail with 14 days of the update, whichever is earliest. The revision will also be posted in our waiting room and on our website.