



Atlanta CBT, LLC
834 Inman Village Parkway
Suite 220
Atlanta, GA 30307
(404) 710-6605

Notice of Privacy Practice

Dr. Leah Farrell-Carnahan, Ph.D., Licensed Psychologist, Dr. Julia Buch Wamstad, PhD., Licensed Psychologist, Nathan Mascaro, Ph.D., Licensed Psychologist, Dr. Marty Martin, Licensed Psychologist, Heidi M. Wood, Licensed Clinical Social Worker, and Ashley Lanier-Pszczola, Licensed Marriage and Family Therapist, hereafter referred to as "I", follow professional standards and laws to protect your privacy. Federal laws require I provide you with a notice of privacy practices. This notice describes how I may use information about your health, how you can obtain access to this information, and what will happen if I have knowledge that there has been a breach regarding your protected health information. Please review it carefully and ask me if you have any questions. If I change or revise this notice, I am required by law to make the revised notice available to you.

By law, I am required to:

- Make sure medical information that identifies you is kept private
- Give you notice of my legal duties and privacy practices with respect to your medical information
- Explain how, when, and why I use and/or disclose this information
- Follow the terms of such notice

I will ask for your written permission to share with or obtain information from others about you. However, by law, your psychotherapist, physician, and their administrative support may use and disclose information regarding your medical information without your authorization for the purpose of providing health care services to you, pay your health care bills, support the operation of the practice, and any other use required by law.

For treatment: I may use information about you to coordinate my services with others who are involved in your health care for referral purposes.

For payment: I may use and disclose medical information about you so that the treatment services I render may be billed to and payments collected from you, an insurance company, or other third party. If payment is not received within 3 months of services rendered, a collection agency will be contacted. If you pay



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with a check, please note that this check will be deposited into the Atlanta CBT, LLC bank account and a teller may see your name and address written on the check made out to the practice. Also, your name and date of service will be securely transmitted via the credit card processing system if you pay for sessions using a credit, debit, or health savings account card.

For health care operations: I may need to use or disclose information for my practice activities.

As required by law: I may disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety: I may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public, or another person including situations related to abuse, neglect, or domestic violence. I am required to take steps to prevent you from harming yourself or another person.

Workers compensation: I may release medical information about you and for workers compensation and similar programs.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, I may disclose medical information about you in response to a subpoena, discovery request, or other legal process.

Psychotherapy notes: Notes have special protection under law. I will not release my notes without your permission, except as required by law.

Certain narrowly-defined disclosures (when the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law): This includes to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.



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I will obtain an authorization from you before using or disclosing protected health information in a way that is not described in this Notice.

Your Rights About Your Private Identifiable Information

Request Restrictions: You may request further restrictions on our uses and disclosures of your information. I may not be able to agree to all requested restrictions.

Different ways to communicate: Typically I will communicate by mailing or phoning your residence or mobile phone. The use of email and text communication is limited at this time. We can use the Vsee messenger system to send secure messages regarding scheduling between sessions.

Right to see and copy information: You may see and receive copies of your information maintained in your designated record. You must submit your request in writing. There are situations in which your request may be denied.

Right to request amendment of your information: You may request that information about you be amended or changed. You must submit your request in writing. I may deny your request if I did not create the information or if I believe the information is correct. Denials will be written and will describe your rights for further review.

Listing of previous disclosures: You may request a list of certain disclosures of your information for up to the last six years. You must submit your request in writing. This list does not include disclosures related to your treatment, payments, or my practice operations, or those disclosures required by law.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of protected health information to a health plan when you pay out-of-pocket in full for services.

Right to Be Notified if There is a Breach of Your Unsecured Protected Health Information: You have a right to be notified if: (a) there is a breach (a use or disclosure of your protected health information in violation of the HIPAA



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Privacy Rule) involving your protected health information; (b) your protected health information has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your protected health information has been compromised.

Copy of this notice: You may request a copy of this notice at any time.

If you believe I have violated your privacy rights or you want to complain to me about my privacy practices, you may give me written notice and/or you may file a complaint with the U.S. Department of Health and Human Services at the following address:

Secretary of Health & Human Services
US Department of Health & Human Services 200 Independence Avenue SW
Washington, DC 20201

Should you file a complaint, action will not be taken against you nor will services to you be changed.

Use and Disclosure of Psychotherapy Notes

The information in this policy applies to all of Atlanta CBT LLC's staff and other contractors granted access to protected health information. You are referred to as "patient" or "client" and Dr. Farrell- Carnahan (owner of Atlanta CBT, LLC) and or her contracted colleagues who may provide treatment services for you are referred to as "psychologists" or "psychologists in training" or "doctoral interns" or "doctoral fellows" or "licensed clinical social workers" or "licensed marriage and family therapists".

Psychotherapy Notes: Summary of information such as current state of the client, diagnoses, problems, symptoms, themes of psychotherapy sessions, and other information needed for treatment or payment shall be placed in the client's designated record. Psychotherapy notes are kept separate from the rest of the client's designated record.

Psychotherapy notes are defined as documentation that captures the provider's impressions about the client, couple, or family containing details or the conversation to be inappropriate for the designated record and are used by the



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psychotherapist for future sessions. The provider who is documenting or analyzing the contents of the conversation during a private psychotherapy session or a group, joint, or family session can record the psychotherapy notes in any medium.

Release/Authorization of Psychotherapy Notes: The client has the right to request to inspect or obtain a copy of the psychotherapy notes. However, the psychotherapist may not release psychotherapy notes, except in specific situations or if required by law. The psychotherapist may provide the client access to a summary of treatment/psychotherapy. The authorization for psychotherapy notes may not be combined with an authorization for any other protected health information. Authorization for the disclosure of psychotherapy notes is not required in the following circumstances:

- For use of the provider for treatment
- For use in supervision or training for supervisees to learn to practice psychotherapy and counseling
- To defend a legal action brought by the client
- For the purposes of the Department of Health and Human Services in determining compliance with the privacy rule (HIPAA-Health Insurance Portability and Accounting Act)
- As otherwise required by law
- By an oversight agency for the lawful purpose related to oversight of the psychotherapist
- To law enforcement in instances of permissible disclosure related to a serious or imminent threat to the health and safety of a person or the public
- To a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law



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Receipt and Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received and have been given an opportunity to read Atlanta CBT, LLC's *Notice of Privacy Practices*. I understand that if I have any questions regarding this notice of my privacy rights, I may contact Dr. Leah Farrell-Carnahan, Ph.D., L.C.P. at 404-710-6605, the owner of Atlanta CBT, LLC. I understand that I may revoke, in writing, this authorization at any time except to the extent that action has already been taken in accord with it.

Client's Printed Name _____

Parent or Legal Guardian's Name (if Client is a Minor) _____

Client's Signature (Parent or Legal Guardian if Client is a Minor)

_____ Date _____

If you refuse to acknowledge receipt of this notice, check this box.