

OPTIMAL LIFE, LLC

Kan Guvensel, PH.D, LPC, CPCS
809 Church Street, Decatur, GA 30030
Phone: (404) 860-2180 Email: kan@guvensel.com

FORM 2

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

I am committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your mental health condition and the treatment you receive from me. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without Written Authorization

I may use and disclose Protected Health Information without written authorization, excluding Psychotherapy Notes, for certain purposes as described below.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to clients.
2. **Payment:** I may use or disclose PHI so that services are appropriately billed to, and payment is collected from, health plans.
3. **Health Care Operations:** I may use and disclose PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that a client is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to the health

or safety of a client or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

5. **Records of Disclosure:** Records of disclosure of PHI without client authorization will be maintained in the case record as required by HIPAA standards.

Records of disclosure will include:

- A description of the information to be disclosed;
- Who (individual or organization) is making the request;
- Expiration date of the request;
- A statement that the individual has the right to revoke the request;
- A statement that information may be subject to re-disclosure by the receiving party;
- Signature of the client or their representative and date;
- If signed by a representative, a description of their authority to make the disclosure.

Records of disclosure will be maintained for at least six years from June 18, 2007.

B. Uses and Disclosures Requiring Written Authorization

1. **Psychotherapy Notes:** Notes documenting the contents of a counseling session (“Psychotherapy Notes”) will not be used or disclosed without written client authorization.
2. **Marketing Communications:** I will not use health information for marketing communications without written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section A above will only be made with written client authorization. Clients may revoke such authorizations at any time.