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

The primary goal of this law is to make it easier for people to keep health insurance, and help the industry control administrative costs. This statement of your rights covers Title II of the act and was put into effect on April 14, 2003. The goal for the privacy rule under HIPAA provides protection for all clients.

The following statements are to explain your rights as a client of Family Ties, Inc. under HIPAA:

- 1: Family Ties, Inc. is a covered entity and must follow all guidelines under HIPAA.
- 2: All files and other documentation containing any of your private and confidential information will be maintained in a secure location at all times.
- 3: All staff members, student interns, and volunteers at Family Ties, Inc. sign confidentiality agreements that maintain that all information regarding clients will be held in confidence and that all individuals are personally liable for any violation of this agreement.
- 4: Clients referred by the Department of Family and Children Services should note that the Department of Human Services and the Division of Family and Children Services are **business associates** with Family Ties, Inc. Information regarding your case is shared with **business associates** and confidentiality with regards to the Department of Family and Children Services is limited.
- 5: You have the right to review your file at any time. Please note if a client is referred to our agency by the Department of Family and Children Services for an evaluation, assessment, homestead therapy, or wraparound services, all records, notes, and evaluations are considered the property of the Department of Family and Children Services and may only be released by the county that holds those files.
- 6: Family Ties, Inc. maintains assurance from all **business associates** that private information will be appropriately safeguarded. You have the right to review **business associate** agreements held at the offices of Family Ties, Inc.
- 7: Your identifiable information may not be released by Family Ties to anyone other than a **business associate** without your prior written consent. Identifiable information includes: your name, your social security number, Medicaid number, insurance information, address, phone number, dates of service, or treatment records.
- 8: Permitted disclosures that may not require written consent include:
  - To you the individual
  - For payment, treatment, and health care operations

- For public policy
- As required by law
- For public health
- About victims of abuse, neglect, or domestic violence
- For judicial and administrative proceedings
- For law enforcement excluding substance abuse treatment notes
- Information about decedents
- To avert a serious threat to health and/or safety

9: Authorization is required for disclosures not permitted by the Privacy Rule. Authorization must have an expiration and statement that is revocable.

10: You may request a copy of your file at any time. Requests must be made in writing. Copies will be made within thirty days after receipt of written request. Copies are charged at .75 per page payable upon delivery. Exceptions to this standard are: clients referred by the Department of Family and Children Services where the Department is a **business associate**. These clients must request copies of their files through the county Department of Family and Children Services office.

11: Upon reviewing copies of your record, you may request, in writing, to an amendment to your file. Requests are to be submitted to the Administrative Director at Family Ties, Inc. We have sixty days from the receipt of the request to respond in writing to your amendment request. Amendments may be made or you will receive a denial to your request with an explanation.

12: You have a right to an accounting of all disclosures made by Family Ties, Inc. of your private health information in the six years or less prior to the date requested.

13: Complaints with regards to your privacy rights may be made to the following:

Family Ties, Inc.	Operations Director	678-460-0345
Family Ties, Inc.	Clinical Director	678-460-0345

14: Complaints will be reviewed and submitted to the Continuous Quality Improvement Committee. A response to all complaints will be made within 60 days of receipt.

Complaints may also be made to:

Department of Health and Human Services, Office of Civil Rights  
 200 Independence Ave. SW  
 Washington, DC 20201  
 Toll free (877) 696-6775

15: You have the right to confidential communications between yourself and Family Ties, Inc..