

 404-444-7603

 dr.pdorsett@drpameladorsett.com

 101 S. Main St. Suite 7 PMB#252  
Hiawassee, Georgia 30546

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EFFECTIVE DATE OF THIS NOTICE: January 1, 2025

## Health Insurance Portability and Accountability Act (HIPAA)

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. COMMITMENT TO YOUR PRIVACY: Pamela G. Dorsett, Ph.D. LLC 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 healthcare services either in paper or electronic format. This Notice of Privacy Policies (“Notice”) is required by law to provide you with the legal duties and the privacy policies that Pamela G. Dorsett, Ph.D. LLC 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 concern with your therapist.

I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be on my website and available upon request. The date of the latest revision will always be listed on my Notice of Privacy Practices.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: I will not use or disclose your PHI without your written authorization, except as described in this Notice. These are the different categories of possible uses and disclosures with some examples:

1. For Treatment: I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care. For example, if you are seeing a psychiatrist for medication management, I may disclose your PHI to them in order to coordinate your

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care. Except for an an emergency, I will ask for your authorization in writing prior to such a consultation.

2. For Healthcare Operations: I may disclose your PHI to facilitate the efficient and correct operation of its practice, improve your care, and contact you when necessary. For example, I use health information about you to manage your treatment and services.
3. To Obtain Payment for Treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided to you. For example, I might send your PHI to your insurance company in order to get payment for the services that have been provided to you. I could also provide your PHI to billing companies, claims processing companies, and others that process healthcare claims for me if you are not able to stay current with your account. In this latter instance, I will always do my best to reconcile this with you first prior to involving an outside agency.
4. Employees and Business Associates: There may be instances where services are provided to me 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, I will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that I do myself. Note: This state and federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health, and HIV/AIDS, and may limit whether and how I may disclose information about you to others.
5. Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is

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limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a therapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a therapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. If you are a minor (under 18 years of age), I may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
5. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

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11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
12. If disclosure is otherwise specifically required by law

## V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
  2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
  3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
  4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
  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. I will make sure the person has this authority and can act for you before taking any action.
  6. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment,
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payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

7. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. Your request must be made in writing. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request. The denial must 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 my denial be attached to any further disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI, and I will tell you that the changes have been made. I will advise all others who need to know about the change(s) to your PHI.
8. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
9. **Submit all written requests to:** Pamela G. Dorsett, Ph.D. LLC, 101 S. Main St. Suite 7 PMB#252, Hiawassee, GA 30546