



NOTICE OF PRIVACY PRACTICES

Effective Date: Updated March 2026

Real Life Solutions GA, LLC

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

Please review it carefully.

OUR LEGAL DUTY

This practice is required by the Health Insurance Portability and Accountability Act (HIPAA) to:

- Maintain the privacy and security of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the duties and privacy practices described in this notice
- Notify you if a breach occurs that may compromise the privacy or security of your information

We reserve the right to change the terms of this notice at any time. Any changes will apply to all PHI we maintain. Updated versions will be available upon request and posted in our office.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)

Protected Health Information (PHI) includes information that identifies you and relates to:

- Your past, present, or future physical or mental health or condition
- The health care services you receive
- Payment for those services

Examples include:

- Intake forms
- Treatment plans
- Progress notes
- Diagnoses
- Psychological assessments
- Billing records
- Insurance information
- Communications related to treatment

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Federal privacy rules allow healthcare providers to use and disclose PHI without written authorization for the purposes of **Treatment, Payment, and Health Care Operations (TPO)**.

Treatment

We may use or disclose your PHI to provide, coordinate, or manage your health care.

Examples include:

- Consultation with other health care providers
- Referrals to specialists
- Coordination of care with physicians or other treatment professionals

Payment

We may use and disclose PHI to obtain payment for services provided.

Examples include:

- Submitting insurance claims
- Providing billing information
- Communicating with insurance companies
- Working with health care clearinghouses to process claims

Health Care Operations

We may use PHI for activities necessary to operate the practice.

Examples include:

- Quality assessment and improvement
- Professional consultation
- Compliance and licensing reviews
- Staff training and credentialing

ELECTRONIC HEALTH RECORD (EHR)

This practice maintains clinical records using a secure Electronic Health Record (EHR) system.

Electronic records are protected through administrative, physical, and technical safeguards designed to protect the confidentiality, integrity, and availability of Protected Health Information, including:

- Password-protected access
- Encryption technologies
- Secure authentication procedures
- Access controls limiting information to authorized personnel

These safeguards are designed to comply with the HIPAA Security Rule.

STAFF AND WORKFORCE ACCESS

Access to client information is limited to authorized workforce members who require the information to perform their professional responsibilities.

Staff may access PHI only when necessary for:

- Treatment
- Payment
- Health care operations

All workforce members are required to follow confidentiality policies and HIPAA privacy and security standards.

Unauthorized access, use, or disclosure of PHI is prohibited.

HEALTH CARE CLEARINGHOUSES

A health care clearinghouse is an organization that processes health information received from another entity in a standardized format.

This practice may disclose necessary PHI to a health care clearinghouse to:

- Process insurance claims
- Convert billing information into standardized electronic formats
- Facilitate payment for services

Only the minimum necessary information will be disclosed for these purposes.

BUSINESS ASSOCIATES

Certain services for this practice are provided through outside individuals or organizations known as **Business Associates**.

Examples include:

- Electronic Health Record providers
- Billing companies
- Payment processors
- Data storage providers
- Secure communication platforms

When these services require access to PHI, the practice requires a **Business Associate Agreement (BAA)** to ensure that the Business Associate protects the privacy and security of the information in accordance with HIPAA.

APPOINTMENT REMINDERS AND COMMUNICATIONS

We may contact you to:

- Remind you about appointments
- Provide information regarding treatment options
- Communicate about services related to your care

You may request restrictions on how we contact you.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Certain uses and disclosures of PHI require your written authorization.

Examples include:

- Release of psychotherapy notes
- Marketing communications
- Disclosures requested by attorneys or third parties not involved in care

You may revoke your authorization in writing at any time.

PSYCHOTHERAPY NOTES

This practice may maintain psychotherapy notes as defined by HIPAA.

Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of counseling sessions. These notes are kept separate from the designated medical record and are used solely for the therapist's personal analysis and treatment planning.

Psychotherapy notes:

- Are not part of the designated medical record
- Are not used for billing or administrative purposes
- Are not disclosed for Treatment, Payment, or Health Care Operations

Psychotherapy notes are excluded from the client's right of access under HIPAA. Requests for access may be denied in accordance with federal law.

Psychotherapy notes will not be disclosed without written authorization except when permitted or required by law, such as for legal defense or oversight investigations.

DISCLOSURES REQUIRED BY LAW

We may disclose PHI when required by federal, state, or local law.

Examples include:

Abuse or Neglect Reporting

Healthcare providers are required to report suspected child abuse or neglect.

Legal Proceedings

PHI may be disclosed in response to a valid court order or other lawful process.

Serious Threat to Health or Safety

If we believe there is a serious threat to your safety or the safety of others, information may be disclosed to prevent harm.

Public Health Activities

Information may be disclosed to public health authorities responsible for preventing or controlling disease or injury.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

Right to Inspect and Obtain Copies

You may request access to your designated medical record.

Right to Request Amendments

You may request corrections to information you believe is inaccurate.

Right to Request an Accounting of Disclosures

You may request a list of certain disclosures of your PHI.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI.

Right to Request Confidential Communications

You may request that we communicate with you in a specific way or location.

Right to a Paper Copy

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

BREACH NOTIFICATION

If a breach occurs that compromises the privacy or security of your PHI, you will be notified in accordance with federal law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer: Tamekis Williams, LCSW, CCTP
Real Life Solutions GA, LLC
tamekis@reallifesolutionsga.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT

You will be asked to sign a separate form acknowledging that you received this Notice of Privacy Practices. A copy was attached in the 2nd email you received from after our telephone consultation.