

**SOUTHERN CRESCENT SEXUAL ASSAULT AND CHILD ADVOCACY CENTER
NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. If you have any questions or want additional information about the Notice or the policies and procedures described in this Notice, please contact Gayla Nobles at P.O. Box 1788, Jonesboro, GA. 30237, or email at gnobles@scsac.org

Southern Crescent Sexual Assault and Child Advocacy Center (SCSAC-CAC) is dedicated to maintaining the privacy of your health information. We are required by law to maintain the privacy of your protected health information; provide you this Notice of our legal duties and privacy policies with respect to your protected health information; and follow the terms of the Notice that is currently in effect. **The effective date of this Notice is January 1, 2014.** If we make a material change to our Notice, we will post a copy of the current notice in each SCSAC-CAC facility which will include an effective date.

SCSAC-CAC may need to disclose your protected health information for some of the following reasons:

- For Treatment – We may need to use medical information about you to provide you with medical treatment or services. For example, we may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other SCSAC-CAC personnel who are taking care of you.
- For Health Care Operations – We may use medical information to review our treatment services and to evaluate the performance of our staff in caring for you. One example may include combining medical information about many clients in order to improve the services that we can offer or which ones may not be needed, and whether certain new treatments are effective.
- Additional Uses – Some further uses of your protected health information may include the following: (1) contact purposes in order for us to provide appointment reminders or information about treatment alternatives; (2) to comply with legal proceedings; (3) to law enforcement officials for limited law enforcement purposes; (4) to a family member or other person identified by you, for the purpose of helping you with your health; and/or (5) to your personal representative appointed by you or designated by applicable law.

All documents generated by SCSAC-CAC are considered evidence. Some documents contain information about your health and may be used with your authorization in the investigation and litigation of your case.

Recipients of your health information: I understand that my health information will be used by or disclosed to the following entities to accomplish the purpose stated above.

- Law Enforcement
- Office of the District Attorney
- Crime Lab
- Other attorneys, upon presentation of a subpoena, who are directly involved with the parties named in a criminal or civil legal proceeding.

Other uses and disclosures by SCSAC-CAC and those not listed in this Notice or required by laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose certain medical information, you may revoke such authorization at any time. If you revoke your authorization, we will no longer use or disclose such information.

Your rights regarding your health information:

- You have the right to request restrictions on certain uses and disclosures of your protected health information. SCSAC-CAC is not required to agree to the requested restriction.
- You have the right to receive confidential communications of your protected health information.
- You have the right to inspect, copy, or amend your protected health information.
- You have the right to receive an accounting of the disclosures of your protected health information.
- You have the right to obtain a paper copy of this Notice, upon request.

You may exercise any of the rights by submitting a written request to the SCSAC's Executive Director at the contact information written above.

You may file a complaint with Southern Crescent Sexual Assault Center if you feel your privacy rights have been violated without fear of retaliation. You must submit your written complaint to the SCSAC-CAC Director. You may also file a complaint with the Secretary of Health and Human Services.

Signature of Patient (≥12yo): _____ Date: _____

Printed Name of Patient: _____

Signature of Personal Representative: _____ Date: _____

Printed Name of Personal Representative: _____

Relationship to Patient: _____

Signature of Facility Representative: _____ Date: _____

Printed Name and Title of Facility Representative: _____