

**ZION MISSIONARY BAPTIST CHURCH REFUGE COUNSELING CENTER**

*To comfort those who mourn; to console those who mourn in Zion  
Isaiah 61:2b-4*

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996  
HIPPA

**NOTICE OF PRIVACY PRACTICES  
Effective Date: February 2006**

**We are required by law to:**

Make sure that the mental and physical health information that identifies you is kept private and secured.

Give you this notice of our legal duties and privacy practices with respect to mental and physical health information about you; and

Follow the terms and conditions of the privacy rights notice that is currently in effect pursuant to HIPPA

**How we may use and disclose mental and physical health information about you:**

- If you or legal guardian consents
- As required by law, court order or law enforcement
- Pursuant to national security and intelligence activities
- Pursuant to protective services for the President and others
- As required by the rules and regulations of the Military and Veterans Administration
- Pursuant to lawsuits and disputes concerning you
- Pursuant to legal requests by security officials for inmates
- Pursuant to legal requests by coroners, health examiners and funeral directors
- To avert a serious threat and safety
- Pursuant to legal provisions relative to public health risks and health oversight activities
- If needed for statistical or audit purposes with certain safeguards
- If needed to get benefits for you or get reimbursement for cost of treatment provided to you

Your rights regarding mental and health information about you:

- Right to a paper copy of this notice
- Right to inspect and copy
- Right to request, in writing, confidential communications
- Rights as guaranteed under the Georgia Mental Health Code

**Changes to this notice:**

We reserve the right to change this policy rights notice. We will have available a copy of the current notice with our Intake Person in the counseling with the current effective date of the first page.

**Complaints:**

If you believe that your privacy rights under HIPPA have been violated, you may a complaint with the appropriate Privacy Officer. All complaints must be in writing.

**Complaints should be directed to:  
Reverend (Dr.) Frank Lewis, Pastor  
888 Zion Circle  
Roswell, Georgia 30075  
(O) 770-993-8587 (F) 770-992-0834**

**I FURTHER ASSERT THAT I HAVE READ THIS INFORMATION, OR  
THAT IT HAS BEEN READ TO ME. I UNDERSTND MY RESPONSIBILTY  
AND I ACCEPT AND AGREE TO THE TERMS AND CONDITIONS STATED  
ABOVE.**

**Signature of Patient or Guardian**

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**Signature of Patient or Guardian**

**Signature of Witness**

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**Date of Signature**

**Date of Signature**

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