



NOTICE OF PRIVACY PRACTICES (HIPPA)

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. It is being provided as required by the Federal Health Insurance Portability and Accountability Act.

We are required by law to maintain the privacy of your health information and to provide you with this notice. We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent (by signing a release of information authorization form).

To help clarify these terms, here are some definitions:

"PHI" refers to information in your health record that could identify you.

"Treatment" is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your provider consults with another health care provider, such as your family physician or another therapist.

"Payment" is when we obtain reimbursement for your healthcare. Should you choose to seek reimbursement through insurance or other programs, we may be asked to provide information about you, for you to obtain payment.

"Health Care Operations" are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring, Authorization:

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. You may revoke all such authorizations at any time, provided each revocation is in writing.

Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we have reason to suspect that a child is abused or neglected, we are required by law to report the matter immediately to the Virginia Department of Social Services/Child Protective Services.

Adult and Domestic Abuse: If we have reason to suspect that an adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Virginia Department

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of Welfare or Social Services.

Health Oversight: The Virginia Board of Counseling and the Virginia Board of Social Workers have the power, when necessary, to subpoena relevant records should your provider be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, we are required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If we are engaged in our professional duties and you communicate a specific and immediate threat to cause serious bodily injury or death, to yourself or an identified/identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we must take steps to protect you or third parties. These precautions may include (1) warning the potential victim(s), or the parent/guardian of potential victim(s) under 18; or (2) notifying a law enforcement officer.

Worker's Compensation: If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

You have the following rights regarding health information your therapist maintains about you. We will discuss with you the details of each process, upon request:

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in therapy. Upon your request, we will send your bills to another address.)

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.

Right to Amend: You have the right to request an amendment of PHI for as long as it is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described previously in this Notice).

Changes to Privacy Practices: We reserve the right to change the privacy policies and practices described in this notice. We will notify you of any changes and a revised copy will be posted on our Website. You may request a paper copy.

Complaints: If you are concerned that your privacy rights have been violated, you may send a written complaint to the Secretary of the US Department Of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257.

This notice will go into effect on October 1, 2016.