

Notice of Privacy Policies as Provided Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Introduction: I am committed to treating and using information about you responsibly. This Notice of Health Information Practices describes the personal information I collect and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective as of April 14, 2003 and applies to all protected health information as defined by federal regulations.

Understanding your health record/information: Each time you visit me, a record of your visit is made. Typically, this record contains your symptoms/diagnosis, treatment progress, and plans for future care and treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were provided,
- A tool with which I can assess and continually work to improve the care I render.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your health information rights: Although your health record is my personal property, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and receive a copy of your health record as provided in 45CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

My responsibilities: I am required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information I maintain. Should my information practices change, I will mail a revised notice to the address you have supplied me, or if you agree, I will e-mail the revised notice to you. I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue to use or disclose your health information after I have received a written revocation of the authorization according to procedures included in the authorization.

For more information or to report a problem: If you have questions and would like additional information, you may contact me at (703) 815-3800. If you believe your privacy rights have been violated, you can file a complaint with me or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint either with me or the Office for Civil Rights (OCR). The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington D.C. 20201

Examples of Disclosure for Treatment, Payment and Health Operations:

- *I will use your health information for treatment.* For example, without using identifying information (unless I have a release to do so), I will consult with professional colleagues regarding treatment issues in order to enhance the treatment effectiveness.
- *I will use your health information for payment.* For example, per my policy statement, I will communicate with your insurance company (for re-imbusement purposes) regarding your/your child's diagnosis, description of current and past issues, treatment plan, and sessions attended/anticipated. Or, in order to pursue a delinquent account, a collection agency or attorney may be given identifying/account information only, in order to pursue payments due.
- *I will use your health care information for regular health operations.* For example, during periods when I am away, I will leave the phone number of a colleague that you can contact if the need arises. **ORDERS OF COURT:** Certain records (which differ by jurisdiction) can be subpoenaed by legal process. This also applies to reports and testimony. In addition, you may give up your confidentiality if you choose to make your mental status an issue as part of a court proceeding. **SOCIAL SERVICE REFERRALS:** If you or your child are referred for treatment by Social Service Agency as part of an evaluation or intervention, then there may be a requirement to share information regarding attendance, findings, recommendations and/or progress in treatment. The details of the information to be shared in such instances will be discussed with you prior to my discussion with representatives of such agencies. **ABUSE OF CHILDREN AND/OR ADULTS:** The law requires that all mental health providers report information believed or reasonably suspected to constitute abuse or neglect of children. The law also requires the report of suspected abuse of persons 65 or older or of other adults who may be in need of protective services due to disability. **DANGER:** The law requires that mental health professionals report information that indicates that an individual in treatment is in imminent danger of hurting himself/herself or others.