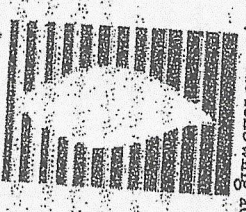


- request, although any request will be seriously considered. If we accept your request we will put any limits in writing and abide by them except in case of emergency. You may not limit the uses and disclosures that we are legally required or allowed to make.
- The right to choose how health information is provided to you: You have the right to request that TPCS contact you at an alternate address or telephone number (for example, by sending information to your work address instead of your home address) or by alternate means (for example, by email rather than by telephone). We will not ask the reason for your request, and will accommodate all reasonably convenient requests.
  - The right to see and obtain a copy of your health records: You have the right to inspect and obtain a copy of selected health information that may be used in making decisions about your care, such as medical or billing records. TPCS will respond within thirty (30) days of receiving your written request, and you will be charged a fee for the cost of copying and/or mailing and other supplies associated with your request. Your request may be denied, in which case you will be informed within fifteen (15) days. *Psychotherapy notes are the sole ownership of the pastoral counselor and are never provided.*
  - The right to receive a list of disclosures we have made of your health information: You have a right to receive a list of instances in which we have disclosed your personal health information. TPCS will respond within sixty (60) days of receiving your request in writing, specifically indicating the date of the disclosure, to whom the health information was disclosed, a description of the information disclosed, and the reason for the disclosure. The first list you request within a twelve (12) month period will be free. Additional lists may be provided for the cost of producing the lists. This list will not include uses or disclosures made for treatment,

payment or health care operations, or for reasons involving national security, or for corrections or law enforcement personnel. Your request may not extend beyond a six (6) year period of disclosures or prior to April 14, 2003.

- The right to request a correction or update of your health information: If you believe there is a mistake in your health information or that a piece of information is missing, you have the right to request an appropriate change. The request and reason for the making the request must be in writing on the designated TPCS request form. You may anticipate a response within sixty (60) days. We may deny your request in writing if you ask us to change information that (1) is correct and complete, (2) was not created by TPCS, (3) is not a part of the health information which you would be permitted to receive, or (4) is not a part of the health information kept by TPCS. If we approved your request, we will make the necessary changes to your health information, tell you of the changes made, and disclose to others who need to know of the change in your health information.
- The right to obtain a copy of this notice: You have the right to a paper copy of this notice or you may obtain a copy at our website: [www.tidewaterpastoral.org](http://www.tidewaterpastoral.org).

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, at the following address:



# TIDEWATER PASTORAL COUNSELING SERVICES

## NOTICE OF PRIVACY PRACTICES

This notice describes how personal information received from our clients may be used and disclosed, as well as how you may access the information. Please review it carefully.

Our primary role as pastoral counselors is to create a climate and a relationship that is most conducive for you to enrich your life and relationships through personal growth. It is, therefore, imperative that you have the confidence your life story will be treated with respect, and that the information you choose to share will be held in strict confidence.

All of our staff are pastoral counselors, who function as representatives of the faith community. The information you share, therefore, has a confessional quality. The code of Virginia (8.01-400) extends the privilege of confidence to pastoral counselors specifically, and in our role as ministers we retain the right not to release information even with a client's permission.

Tidewater Pastoral Counseling Services  
7305 Hampton Blvd Ste B  
Norfolk, VA 23505



## PURPOSE:

Effective April 14, 2003 all of the ways in which your protected medical information may be used, disclosed, or accessed is regulated by a new federal law called the Health Insurance Portability and Accountability Act (HIPAA).

HIPAA is an attempt to safeguard your medical information and to foster your knowledge and consent regarding those instances in which it may be shared with others. Tidewater Pastoral Counseling Services (TPCS) is required to provide you with this summary of HIPAA regulations as they related to any information TPCS receives, or medical records that are compiled, about your physical and/or mental health. HIPAA uses the general term "medical information" to describe this type of information. In an effort to be accountable and in compliance with HIPAA regulations, we will use "health", however, our primary identity is that of *pastoral counselor, a ministry of the faith community, and primarily of a "medical" center.*

## PREFACE:

It has always been the policy of TPCS to regard you personal history as "sacred story" to be protected by the pastoral counselor as we understand the privilege in the Virginia Code (8.01-400) and stated on the 'Intake Sheet' which every client signs during your first visit. We believe our privacy policy is greater than the regulations spelled out below which are required by HIPAA.

We are required to post this Notice of Privacy Practices in our waiting area. We reserve the right to change the terms of this Notice at any time. Any changes will be effective for all protected information we maintain. You may request a copy of this Notice at any time.

## USES AND DISCLOSURES OF MEDICAL INFORMATION THAT DOES NOT REQUIRE YOUR CONSENT:

1. For Treatment: We may use or disclose information in your record to provide quality treatment to effectively coordinate your general healthcare. *For example: we may disclose information in your record to help you secure health services from another provider, at hospital or those to whom you might be referred for treatment or evaluation.*

2. For Payment: We may use or disclose information in your record to obtain payment for services provided to you. *For example: we may provide a diagnosis or treatment plan with a health insurance claim to demonstrate to the insurer that the service provided should be covered.*

3. For Healthcare Operations: We may use or disclose information in your record that enhances and contributes to the provision of care. *For example: your record may be reviewed to determine the quality of the program and services offered, or to inform providers of care with clinical information to inform their decision making.*

## USES AND DISCLOSURES OF MEDICAL INFORMATION THAT IS REQUIRED BY LAW AND DOES NOT REQUIRE YOUR SPECIFIC CONSENT:

1. When disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement: There are circumstances when pastoral counselors are required by law to make disclosure of your personal information. *For example: state law requires us to report suspected child abuse and neglect, as well as abuse of the elderly and mentally challenged. We must report information pertaining to sexual misconduct on the part of any person providing counseling. We must disclose information when necessary to prevent instances of harm to self or others.*

2. When disclosure is required for public health activities: The law mandates the reporting of information about certain diseases, as well as any deaths, to authorized government agencies. *Generally does not apply and examples can be cited.*

3. For health oversight activities: *For example, your health information may be provided to assist government agencies when it conducts an investigation of a health care provider or organization, or it may be provided for the purposes of certification or accreditation. (i.e., the American Association of Pastoral Counselors).*

4. For purposes of organ donation: *Generally does not apply, and no examples can be cited.*

5. For specific government functions: *For example, your health information may be requested for national security reasons, such as security clearance.*

6. To avoid harm: *For example, we may provide your health information to law enforcement agencies or to those able to prevent or lessen the potential for harm in order to avoid serious threat to the health and safety of an individual or the public.*

7. For workers' compensation: *Your health information may be provided in order to comply with workers' compensation laws.*

## USES AND DISCLOSURES OF MEDICAL INFORMATION TO WHICH YOU HAVE A RIGHT TO OBJECT:

1. Appointment reminders and notification of health related benefits or services: Your health information be used to provide you with appointment reminders or to give you information about alternative programs and treatments that could be of help to you. *If you do not wish to be contacted, please indicate in writing to the administrative office.*

2. Fundraising: Although it is not the practice of TPCS to do so, HIPAA requires us to inform you that an organization may use your health information to contact you for fundraising activities, to expand or support healthcare services or educational programs. *If you do not wish to be contacted for fundraising activities, please so indicate in writing to the Administrative Office.*

3. Disclosures to family, friends, or others involved in your care: Although it is not the practice of TPCS to do so, unless you specifically object in writing, a limited amount of your health information may be provided to a family member, friend, or other person known to be involved in your care or its payment.

4. Disclosures to notify a family member, friend, or other selected person in cases of emergency: In case of emergency, limited health information (for example, your location and general condition) may be disclosed to your designated contact person or to an available family member.

## USES AND DISCLOSURES OF MEDICAL INFORMATION THAT REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION:

1. The right to request restrictions: You have a right to request a specific limitation or restriction on health information as it pertains to you for treatment, payment of services or health care operations. We are not required to agree to your