

Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to it.

Your Rights

The Complaint and Privacy Officer is John Childress. He can answer your questions about our privacy practices, accept any complaints you might have, and help you file a complaint. He can be contacted at (434) 591-0161 or at the address listed above.

Get an electronic or paper copy of your medical record: You can ask to see, obtain, or have sent to someone else, an electronic or paper copy of your medical record. If you are requesting a personal copy of your records, we will ask to review your records with you. We will provide a copy or a summary of your health information, usually within two weeks of your written request. We may charge a reasonable, cost-based fee. Please remember that electronic media is not always safe from unauthorized access and your confidentiality cannot be guaranteed in these circumstances.

Ask us to correct your medical record: You can ask us to correct health information that you think is incorrect or incomplete.

Request confidential communications: You can ask us to contact you in a specific way (for example, only on your home phone or cell phone) or to send mail to a different address. We will agree to all reasonable requests. Ask us how to do this.

Ask us to limit what we use or share: We do not sell your personal information, nor do we use it for marketing. Except for the disclosures listed below, we do not share your information, including psychotherapy notes, without a signed release of information that allows us to do so. If you do sign a release, you may retract it at any time to stop any future disclosure of your information. Further, you can ask us to limit, or not use, certain health information for treatment, payment, or business operations (data collection, auditing, etc.). We are not required to agree to this request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, we will not disclose information to your health insurer, unless we are required to do so by law.

Get a list of those with whom we've shared information: You can ask for a list of the times we have shared your health information for up to six years. You may ask with whom we shared the information, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). This request will need to be submitted in writing and may take up to 60 days to fulfill the request.

Get a copy of this privacy notice: You may have copies of this notice electronically and/or in paper format.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that that person has authority and can act for you before we take any action, within the limits of the law.

File a complaint if you feel your rights are violated: You can file a complaint if you feel we have violated your rights by contacting John Childress at (434) 591-0161. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints or by contacting the Virginia Department of Health Professions at <http://www.dhp.virginia.gov> or (800) 533-1560. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, please tell us. In these cases, you have both the right and choice to tell us to share or not to share: information with your family, close friends, or others involved in your care. We will share only with a valid release, in a clinically appropriate format. If you are not able to tell us your preference, for example if you are significantly impaired, we may share your information if we believe it is in your best interest or your desire. Retroactive or verbal consent may be obtained only in emergency situations.

Our Uses and Disclosures: We typically use or share your health information in the following ways.

To Treat you: We can use your health information and share it anonymously with other professionals to improve your treatment. We will not release information that identifies you to another health care provider without a signed release of information, except as noted below. *Example: A medical doctor treating you for an illness contacts us about your treatment, we will first require a written release of information from you.*

Operation of our practice: We can use/share health information for to improve practice operations, improve care, and contact you. *Example: We can ask a receptionist to contact you to change an appointment.*

To Bill for your services: If we bill insurance, we are required to provide your insurance company with information relevant to the services that we provide. In all cases, we are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans, session notes, summaries, or copies of your entire clinical record. By signing this agreement, you agree that we can provide requested information to your insurance carrier. *Example: An insurance company requests a client's entire record to audit for verification of billing practices.*

How else can we use or share your health information?

Help with health and safety issues: We are legally required to share information about you for certain situations such as: Suspected child or elder abuse or neglect; Preventing or reducing a serious threat to anyone's health or safety, and/or emergency psychiatric or medical situations.

Comply with the law, lawsuits, worker's compensation, legal or administrative actions: We will share information about you if state/federal law or administrative agencies require it, including 1) with the Department of Health and Human Services; 2) with law enforcement if compelled by the law, a court or administrative order, or a subpoena; 3) with health oversight agencies for activities authorized by law; 4) with our professional liability carrier and attorney as necessary, 5) with worker's compensation if required by law, and 6) with a coroner or medical examiner if required by law.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice. Any new notice(s) will be available upon request, in our office, and on our web site.

By signing this form, you agree that you have understood and had a chance to ask questions about this information.

Client Signature _____ **Date:** _____