



RICHMOND NEUROPSYCHOLOGY
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HIPAA NOTICE of PRIVACY PRACTICES

This notice applies to the information that I obtain about you (referred to as “Protected Health Information” or PHI) in the context of our work together, describes how your PHI may be used and disclosed, and how you can access this information. Please review this document carefully and contact me (see above) if you have any questions. You will be asked to sign a form acknowledging that you received a copy of this Notice.

I. Permitted Uses and Disclosures

The following section pertains to how I am permitted to use and disclose your PHI. I may use or disclose your PHI, for purposes of treatment, payment, and health care operations. To help clarify these terms, here are some definitions.

Treatment is when I provide, coordinate, or manage your health care or other services related to your health care. Examples would be when I consult or collaborate with another health care provider who is taking care of you, such as your family physician or another psychologist, or when I refer you to a specialist. With your permission, I may also release certain aspects of your PHI to individuals involved in your care, such as family members/relatives.

Payment involves using and disclosing your information to bill and collect payments for the services I provide to you. Examples might include processing your payments for services, and disclosing certain components of your PHI to your health insurance company in order for you to obtain reimbursement for your health care or to determine eligibility or coverage. Examples of the information that may need to be used and disclosed for this purpose include your name, address, phone number, office visit dates, and codes identifying your diagnosis and the procedures you received. Likewise, with your permission, I may also release certain aspects of your PHI to individuals responsible for paying for your care, such as family members/relatives.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities and business-related matters such as audits and administrative services. Your information may also be used for appointment reminders to be sent. In addition, there are some services provided by my practice through contracts with *business associates*. Examples include payment processing and billing services, administration of online testing services, and electronic health record management. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the agreed upon services. The business associate is required to appropriately safeguard your information.

Use applies to activities within my practice, such as sharing, 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.

II. Uses and Disclosures Requiring Authorization

The following section pertains to uses and disclosures of your PHI that require your authorization.

I may use or disclose PHI for purposes of outside 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. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. For example, when consulting with school staff about a child's functioning or school history, a written authorization for this disclosure will be obtained prior to any disclosure.

Psychotherapy Notes are records about you that are given a greater degree of legal protection than PHI. Psychotherapy notes include information a psychologist might maintain about a patient that is kept separate from the patient's behavioral health record. Psychotherapy notes can only be disclosed with a specific written authorization from the patient (or parent/guardian, in the case of minors) or a court order.

Revocation of Authorization: You may revoke any authorization you have provided for PHI and/or psychotherapy notes at any time, provided each revocation is in writing. In such cases, I will no longer use or disclose your PHI for reasons covered by your written authorization. You may not revoke an authorization in the following situations: 1) I am unable to retract any disclosures that I have already made in good faith with any previous written authorizations that you provided. 2) An authorization cannot be revoked when it was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures NOT requiring consent or authorization.

The following pertains to the **limits of confidentiality** of your PHI. **As required by law**, your PHI may be used and disclosed without requiring consent or authorization from you in the following circumstances, and for the following types of entities, including but not limited to:

Risk of Harm to Self/Others: If I am engaged in my professional duties and I come to believe that a patient is at imminent risk of harm to self or others, or if the patient directly communicates intention to harm self/others, then the patient's PHI may be used and disclosed to the extent necessary for insuring the safety of the patient or the safety of others.

Mandated Abuse/Neglect Reporting: If at any time during the course of engaging in my professional services I have any suspicion of abuse of a child, or of an aged or incapacitated adult, I am required by law to report such suspicions to the Department of Social Services or appropriate authorities.

Law Enforcement/Legal Proceedings: I may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena or court order. Records can be subpoenaed by the court system (*e.g.*, attorneys, judges). This is particularly true in cases related to child protective services, child custody/parental divorce, worker's compensation, and criminal charges. If a patient is involved in a court proceeding and a request is made for PHI, such information is privileged under state law, and the patient's PHI will not be released without the written authorization of the patient (or the patient's attorney) or a subpoena. However, if the patient or patient's attorney files a motion to quash (block) the subpoena, I am required to place said records in a sealed envelope and provide them to the clerk of the court of the appropriate jurisdiction so that the court can determine whether or not the records should be released. The privilege does not apply when the patient is being evaluated for a third party or where the evaluation is court-ordered.

Food and Drug Administration-Related Product

Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability (Examples: positive STDs, HIV, *etc.*).

Correctional Institutions

Workers Compensation: If a patient files a worker's compensation claim, then, by law; the patient's PHI must be released upon request.

Organ and Tissue Donation Organization

Military Command Authorities

Health Oversight Agencies: Virginia Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

Funeral Directors, Coroners and Medical Director

Specialized Government Functions such as fitness for military duties, eligibility for VA benefits, and National Security and Intelligence Agencies

Protective Services for the President and Others

State Specific Requirements: Many states have requirements for reporting population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law will be followed instead of the federal law.

IV. Patient Rights

The following section pertains to your rights regarding the PHI that I maintain about you. While your health record is the physical property of my practice, you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes healthcare and billing records, but does not include psychotherapy notes. Requests must be made in writing. If you request a copy of your health records, you may be charged a fee for the cost of copying, mailing, and other associated costs. I may deny your request to inspect and copy in certain limited circumstances. If the law gives you the right to have your denial reviewed, then I will permit another similarly-licensed health care professional to review your request and the denial. I will comply with the outcome of the review.

Amend: If you feel that health information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is maintained in your health record. Your request must be submitted in writing and include a reason to support your request. I may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures I have made of your PHI when your authorization for such disclosure was not required, such as for treatment, payment, and healthcare operations, or as required by law. This list will exclude any disclosures that were made based on your authorization to do so.

Request Restrictions: You have the right to request a restriction or limitation on the PHI I use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information I disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that I not use or disclose information about a procedure you had. ***I am not required to agree to your request.*** If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment or I am required by law to use and disclose the information.

Request Confidential Communications: You have the right to request that I communicate with you about healthcare matters in a certain way or at a certain location. For example, you can ask that I contact you on your cell phone or by U.S. Mail. I will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services I render and related correspondence regarding payment for services. Please realize, that I reserve the right to contact you by other means and at other locations if you fail to respond to any communication from me that requires a response. I will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health insurance plan when you pay out-of-pocket in full for the healthcare service(s).

Receive Notification if There is a Breach of Your Unsecured Protected Health Information: You have the right to be notified if: a) there is a breach involving your PHI (a disclosure of your PHI in violation of the HIPAA Privacy Rule), b) that PHI has not been encrypted to government standards, and c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Receive a Copy of this Notice: You have the right to a paper copy of this notice. You may ask to be provided with a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

V. Psychologist's Responsibilities

The following section pertains to my professional responsibilities as a psychologist. I am required by law to:

- Maintain the privacy of your PHI.
- Provide you with a written description of my practice's privacy practices, and to obtain your signature (or the signature of the parent/guardian, in the case of minors) acknowledging that you have read and received a copy of my privacy practices.

CHANGES TO THIS NOTICE

I reserve the right to change this notice and the revised or changed notice will be effective for PHI I already have about you as well as any PHI I receive in the future. The current notice will be posted on my practice website (www.richmondneuropsychology.com) and include the effective date. You may also request a paper copy of the current version at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit your complaint directly to me in writing, or file a complaint with the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

Effective Date: 1.1.2020