***Behavioral Health Associates, Inc.***

***Jane C Rose, MSN, LCSW***

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***bhacounseling@gmail.com***

**PATIENT NOTICE OF PRIVACY PRACTICES**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice or if you need more information, please contact:

Behavioral Health Associates, Inc.

 Attn: Patty Reagan, MBA, MHA, Privacy Officer

434-575-8255 or email at bhacounseling@gmail.com

**ABOUT THIS NOTICE**

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at all locations of Behavioral Health Associates, Inc. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use and disclose your PHI in the following circumstances: Treatment, Payment, Health Care Operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We may also use your PHI for Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services, as required by Law and to avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat. We may also use your PHI for a Workers’ Compensation claim that you may have and for Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

In case of Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit. We may need to release your PHI to Law Enforcement. We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

We may release your PHI to individuals involved in your care. We will only disclose your PHI to those that you have authorized us to do so in writing. We will ask for identification of those individuals before releasing any information.

**Your Rights Regarding Your PHI.**

You have the following rights, subject to certain limitations, regarding your PHI: inspect and copy, summary or explanation. You have the right to be notified upon a breach of any of your unsecured PHI.

You have the right to request confidential communications. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

**Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

If you believe your privacy rights have been violated, you may file a complaint with the Behavioral Health Associates, Inc. Privacy Officer, at the address listed at the beginning of this Notice or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information.

You will not be penalized for filing a complaint.

Notice Effective 7/26/18

**BEHAVIORAL HEALTH ASSOCIATES, INC ACKNOWLEDGEMENT OF RECEIPT OF PATIENT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I read and/or received a copy of the Behavioral Health Associates, Inc. Patient Notice of Privacy Practices effective July 26, 2018.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_