

Health Insurance Portability Accountability Act (HIPAA) Client Rights and Therapist Duties

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, explains HIPAA and its application to your PHI in greater detail.

The law requires that I obtain your signature acknowledging that I have provided you with this. If you have any questions, it is your right and obligation to ask so I can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

PROTECTED HEALTH INFORMATION

Protected health information is information about the client relating to a past, present, or future mental health condition, or treatment or payment for the treatment that can be used to identify the client. This includes any information, whether oral or recorded in any form, that is created or received by Purple Willow Behavioral Health, LLC. This also includes electronic information and information in any other form or medium that could identify the client. Examples of information that can identify a client include, but are not limited, to the following:

Client's Name

Telephone Number

Address

DOB

Social Security Number

Service Start/End Date

Diagnosis Email Addresses

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot

provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been

properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.

2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
3. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
4. If a client files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier, or an authorized qualified rehabilitation provider.
5. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

1. If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Virginia Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
2. If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the Virginia Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
3. If I believe that there is a clear and immediate probability of physical harm to the client, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the client.

THERAPIST DUTIES

1. Use and Disclosure of Protected Health Information

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice during our session.

The following section describes different ways we use and disclose Protected Health Information (PHI) for treatment, payment, and healthcare operations. Not every possible use or disclosure will be noted, and there may be incidental disclosures that are a byproduct of the listed uses and disclosures.

For Treatment – We may use a client’s Protected Health Information (PHI) to provide the client with services, and may disclose this information to any and all Purple Willow Behavioral Health, LLC staff involved in the client’s treatment. Treatment includes (a) activities performed by Purple Willow Behavioral Health, LLC personnel in the course of providing service to the client or in coordinating or managing the client’s service with other service providers and (b) consultations with and between Purple Willow Behavioral Health, LLC staff and other professionals involved in the client’s treatment.

If I wish to provide information outside of our practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of therapy notes.

For Payment – We may use and disclose the client’s Protected Health Information (PHI) so we may bill and collect payment from the client, an insurance company, or another party for services Purple Willow Behavioral Health, LLC provided to the client. We may also inform the client’s health plan provider of treatment we intend to administer or obtain prior approval or to determine whether the client’s plan will pay for the treatment.

Health Care Operations – Purple Willow Behavioral Health, LLC may use and disclose the client’s Protected Health Information (PHI) in order to maintain necessary administrative, education, quality assurance, and business functions. For example, we may use a client’s PHI to evaluate the performance of our staff in providing treatment for the client. We may also use information about clients to evaluate what additional services to offer, how we can improve efficiency, or the effectiveness of certain treatments. Additionally, we may use PHI for review, analysis, and other teaching and learning purposes.

2. Special Circumstances

Treatment, payment, and health care operations further include the circumstances listed below:

Appointment Reminders

We may use and disclose the client’s Protected Health Information (PHI) to contact the client as a reminder that he/she may have an appointment for treatment or services.

Treatment Information

We may use and disclose the client’s Protected Health Information (PHI) to contact him/her about treatment information.

Satisfaction Surveys

We may use and disclose the client’s Protected Health Information (PHI) to contact him/her about Purple

Willow Behavioral Health, LLC satisfaction surveys.

3. Uses and Disclosures You Can Limit

Purple Willow Behavioral Health, LLC Client Directory

Unless the client notifies us that he/she objects, we may include certain information about him/her in the Purple Willow Behavior Health, LLC client directory in order to respond to inquiries and disseminate information more efficiently. This directory is accessed by Purple Willow Behavioral Health, LLC staff who may or may not be involved in the client's treatment.

General Notification

Unless the client notifies us that he/she objects, we may provide his/her Protected Health Information (PHI) to individuals such as the client's family members, caregivers, and friends, who are involved in the client's treatment or who pay for the client's treatment. We may do this if the client informs us, we have their consent to do so, or if the client knows we are sharing the client's Protected Health Information (PHI) with these individuals and the client expresses no objection or makes no reasonably discernable attempt to prevent us from doing so. There may also be circumstances when we can assume, based on our professional judgment, the client would not object to disclosure of his/her protected health information. Also, if the client is not able to approve or object to disclosures, we may make disclosures to a particular individual (such as the client's family member or friend), we feel are in the client's best interests and that relate to that person's involvement in the client's care.

CLIENT'S RIGHTS REGARDING THE CLIENT'S HEALTH INFORMATION

Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. I will agree to such unless a law requires us to share that information.

Right to Request Restrictions – The client has the right to request a restriction or limitation on the health information we use or disclose about the client (a) for treatment, payment, or health care operations or (b) to someone who is involved in the client's care or the payment for it, such as a family member or friend. We are not required to agree to the client's request. Any time Purple Willow Behavioral Health, LLC agrees to a restriction, it must be in writing and signed by the Owner/President.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you can request that we only contact you by home phone or by mail.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advanced and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I

will discuss with you upon request.

Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. The client has the right to amend his/her health information maintained by Purple Willow Behavioral Health, LLC, or used by us to make decisions about the client. We will require that the client provide a reason for the request in writing, and we may deny the request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create (b) is not part of the health information we keep (c) is of a type the client would not be permitted to inspect and copy or (d) is already accurate and complete. If the proposed changes are denied, we will tell you why within 60 days.

Right to a Paper Copy of This Notice – If you received this notice electronically, you have a copy in your email. The client has the right to a paper copy of this notice, whether or not the client previously agreed to receive the notice electronically. Should the client request a paper copy, this notice will be provided to him/her at no cost.

Right to an Accounting of Disclosures – The client has the right to request an accounting of disclosures. An accounting is a list of certain disclosures we made regarding the client's Protected Health Information (PHI). The list does not include all disclosures. For example, it does not include disclosures to the client, disclosure for treatment, payment, and health care operations purposes described above, or disclosure made with the client's authorization as described above.

Right to Choose Someone to Act for You – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.

Right to Choose – You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

Right to Terminate – You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.

Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

QUESTIONS AND COMPLAINTS

If the client has any questions about this notice, he/she should contact:

Purple Willow Behavioral Health, LLC
11452 Abner Avenue
Fairfax, VA 22030
703.623.5471

If the client believes his/her privacy rights have been violated, the client may file a complaint with Purple Willow Behavioral Health, LLC using the contact information provided above. To file a complaint with the Secretary of the Department of Health and Human Services, call 877.696.6775.

Office of Civil Rights, Medical Privacy Complaint Division

U.S. Department of Health and Human Services

200 Independence Avenue, S.W. HHH Building, Room 509H

Washington, D.C. 20201

Phone: 866.627.7748 TTY: 886.788.4989 www.hhs.gov/ocr

The client will not be penalized for filing a complaint and the client will continue to have the same access to Purple Willow Behavioral Health, LLC services.

ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received a copy of the Purple Willow Behavioral Health, LLC Notice of Privacy Practices. I further acknowledge that I have reviewed and understand the information presented in this notice, including the appropriate contact information for the party(ies) I should contact in the event that I have any further questions, concerns, requests, or complaints regarding any of the covered subject matter.

Client Signature

Date