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PRIVACY POLICIES IN EFFECT

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") requires that all medical records and other individually identifiable health information used or disclosed by us in any form are kept confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used.

"HIPAA" provides penalties for covered entities that misuse personal health information.

This office may use and disclose your protected health information (PHI) only for each of the following purposes and with your consent: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing your health care and related services by one or more health care providers.
- **Payment** means such activities as assisting in obtaining reimbursement for services, billing or collection activities, and utilization review.
- **Health Care Operations** are activities that relate to the performance and operation of this practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within this office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

"PHI" – *Protected Health Information* refers to information in your health record that could identify you.

Uses and Disclosures Requiring Authorization

This office may use or disclose PHI for purposes outside of 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 this office is asked for information for purposes outside of treatment, payment and health care operations, we will obtain a written authorization from you before releasing this information. This office will also need to obtain an authorization before releasing your psychotherapy notes. *“Psychotherapy notes”* are notes a therapist has made about conversations during a private, group, joint, or family treatment or evaluation session, which is kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing.

Uses and Disclosures with Neither Consent nor Authorization

This office may use or disclose PHI without your consent or authorization in the following circumstances:

If Dr. Lane has reason to suspect that a child or an adult is abused or neglected or exploited, he is required by law to report the matter immediately to the Department of Welfare or Social Services.

The Virginia Board of Board of Psychology has the power, when necessary, to subpoena relevant records.

If in a court proceeding, a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and this office will not release information without the written authorization of you or your legal representative, or a subpoena. However, if you move to quash the subpoena, this office is required to place said records in a sealed envelope and provide them to the clerk of court so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

If a client communicates a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and the therapist believes the client has the intent and ability to carry out that threat, the therapist must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

Client's Rights

- You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, this office is not required to agree to a restriction which you request.
- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. Upon your request, we will send your bills to another address.
- You have the right to inspect or obtain a copy of PHI and psychotherapy notes as long as the PHI is maintained in the record. This office may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.
- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, Dr. Lane may under certain limited circumstances deny that request after discussing with you with you the details of the amendment process as well as the underlying rationale.
- You generally have the right to receive an accounting of disclosures of PHI for which you have not provided consent. On your request, Dr. Lane will discuss with you the details of the accounting process.
- You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

This notice is effective as of January 1, 2024 and this office is required to abide by the terms of the privacy practices currently in effect. We reserve the right to change the terms of our privacy practices and to make the new notice provisions effective for all protected health information that are maintained. We will post and you may request a written copy from this office of current privacy practices.

If you feel that your privacy protections have been violated, you have the right to file a written complaint with this office or with the Department of Health & Human Services, Office of Civil Rights about violations of the provisions of this notice or the policies and procedures of this office.