

Balance Counseling

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NOTICE OF PRIVACY PRACTICES & POLICIES

As required by HIPAA (Health Insurance Portability & Accountability Act)

This notice involves your privacy rights and describes how information about you may be used and disclosed and how you can obtain access to this information. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your clinician may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

- “PHI” (Protected Health Information) refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
 - “Treatment” refers to providing, coordinating, or managing your health care and other services related to your health care. An example of a disclosure related to treatment would be when your clinician consults with another health care provider, such as your PCP or psychiatrist.
 - “Payment” is obtaining reimbursement for your health care. Examples of disclosure for payment purposes are when your clinician discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - “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.

Uses and Disclosures Requiring Authorization

Your clinician 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. In cases where information is requested for purposes outside of treatment, payment, or health care operations, your clinician will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that your clinician has relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If your clinician has reason to suspect that a child is abused or neglected, he or she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult Abuse:** If your clinician has reason to suspect that an elderly or incapacitated adult is abused, neglected, or exploited, he or she is required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** Virginia law requires that your clinician report misconduct by a health care provider of his or her profession. By law, your clinician is required to explain to you how to make such a report if you describe unprofessional conduct by another mental health provider. If you are yourself a health care provider, your clinician is required by law to report that you are in treatment if he or she believes that your condition places the public at risk. Virginia Licensing Boards have the power, when necessary, to subpoena relevant records if your clinician becomes the focus of an inquiry.

- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under Virginia state law, and your clinician will not release information without your written authorization or a subpoena (which you have been served, along with the proper notice required by state law). If you move to quash (block) the subpoena, your clinician is 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 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.
- **Serious Threat to Health or Safety:** If you communicate to your clinician a specific and immediate threat to cause serious bodily injury or death to an identified or identifiable person, and your clinician believes that you have the intent and ability to carry out that threat immediately or imminently, steps must be taken 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, (2) notifying a law enforcement officer, or (3) seeking your hospitalization. Also, your clinician may use and disclose your PHI when necessary to prevent an immediate, serious threat to your own health and safety.
- **Worker's Compensation:** When services are provided as part of a worker's compensation claim, then information may be requested by individual or agencies coordinating and/or paying for services, including your employer. You will be informed when a request is initially made and what information is being requested.
- **Records of Minors:** In the cases of children, Virginia law allows certain others to request and obtain access to information in therapy records in specific circumstances. These include the Department of Social Services Protective Services Workers on a report of suspicion of abuse or neglect; Court-Appointed Special Advocates or Guardians ad litem in child abuse or neglect proceedings, if the court so orders; and evaluators for minors' involuntary commitment to inpatient treatment. In such cases, your clinician will make every attempt to limit the information disclosed, by substituting an oral or written report, but cannot ensure that the treatment information will be protected from disclosure.
- **As Required by Law:** Your clinician will disclose your PHI when required to do so by federal, state, or local law.

Patient's Rights:

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing to your clinician.

- **Right to Request Restrictions:** You have the right to request restrictions on uses and disclosures of your PHI for treatment, payment, or health care operations. However, your clinician is not required to agree to a restriction you request.
- **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 may not want a family member to know that you are in counseling. Upon your request, your bill will be sent to another address.
- **Right to Inspect and Copy:** In most cases, you have the right to inspect and copy your medical records. Your clinician may charge you a fee for the cost of copying and mailing. Your request to inspect and copy may be restricted or denied in some circumstances.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your clinician will discuss with you the details of the amendment process.
- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent or authorization.
- **Right to a Paper Copy:** You have a right to obtain a paper copy of this notice.

Clinician's Duties:

- Your clinician is required by law to maintain the privacy of PHI and to provide you with notice of legal duties and privacy practices with respect to PHI. Your clinician is required to abide by the terms of the Notice of Privacy Practices & Policies.
- Your clinician reserves the right to change or amend the privacy practices and policies described in this notice. Any new Notice of Privacy Practices & Policies will be effective for all PHI that is maintained at the time. Your clinician will provide you with a copy of the revised notice by sending you a copy in the mail upon your request or making available updated copies in the waiting room.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint. To do so, you must submit your request in writing to your clinician. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.