



uFringo Counseling LLC

Notice of Policies and Practices to Protect the Privacy of Your Health Information

The Department of Health and Human Services under Public Law 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)) mandates that our office issue this new revised Privacy Notice to our patients. 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.

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

Your practitioner may *use or disclose your protected health information (PHI)*, for *treatment, payment, and health care operations* purposes only with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when your practitioner provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your practitioner consults with another health care provider, such as your family physician or a previous therapist.
 - *Payment* is when reimbursement for your healthcare is obtained. Examples of payment are when your practitioner 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 my 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 my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.



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II. Uses and Disclosures Requiring Authorization

Your practitioner 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 your practitioner is asked for information for purposes outside of treatment, payment and health care operations, your practitioner will obtain an authorization from you before releasing this information. Your practitioner will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your practitioner has made about our conversation during a private, group, joint, or family counseling session, which your practitioner has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. Medical records are maintained for seven years after the end of treatment. Fax, telephone, and voice mail communications are maintained in a manner that attempts to protect your privacy.

Email communications via computer are not guaranteed to be confidential due to the public access to internet service providers and retrieval of such messages by unintended parties on your computer. However, your practitioner will communicate with you by email at your request with this understanding.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your practitioner has relied on that authorization; or (2) 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.

While our office follows a chain of trust contract with insurance companies, we cannot absolutely guarantee that they will not use or disclose your PHI in such a way as to violate your confidentiality.

III. Uses and Disclosures with Neither Consent nor Authorization

Your practitioner may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If your practitioner has reason to suspect that a child is abused or



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neglected, your practitioner is required by law to report the matter immediately to the Department of Social Services or Local Law Enforcement (police/sheriff).

- **Adult and Domestic Abuse:** If your practitioner has reason to suspect that an adult is abused, neglected or exploited, your practitioner is required by law to immediately make a report and provide relevant information to the appropriate legal authorities.
- **Health Oversight:** The Virginia Board of Health Professions has the power, when necessary, to subpoena relevant records should your practitioner be 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 state law, and your practitioner will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, your practitioner is required to place said records in a sealed envelope and provide them to the clerk of 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 your practitioner is engaged in professional duties with you and you communicate a specific and immediate threat to cause serious bodily injury or death, to an identified person or to an identifiable person, and your practitioner believes you have the intent and ability to carry out that threat immediately or imminently, your practitioner 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.
- **Worker's Compensation:** If you file a worker's compensation claim, your practitioner is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

IV. Patient's Rights and Practitioner's Duties

Patient's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, your practitioner is not required to agree to a restriction you request.



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- *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 seeing the practitioner. Upon your request, your practitioner will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. your practitioner may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your practitioner will discuss with you the details of the request and denial process.
- *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 practitioner may deny your request. On your request, your practitioner will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, your practitioner will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Practitioner's Duties:

- Your practitioner is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Your practitioner reserves the right to change the privacy policies and practices described in this notice. Unless your practitioner notifies you of such changes, however, your practitioner is required to abide by the terms currently in effect.
- If your practitioner revises these policies and procedures, the office will notify you by mail.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your practitioner makes



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about access to your records, or have other concerns about your privacy rights, you may contact your practitioner in this office. If you believe that your privacy rights have been violated and wish to file a complaint with your practitioner, you may send a written complaint. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. Your practitioner will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003. Your practitioner reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. You will be provided by mail with a revised notice by within 60 days.