



NOTICE OF PRIVACY PRACTICES

This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices.

USE AND DISCLOSURE OF PHI

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or consultants. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between providers, and referrals of a patient for health care from one provider to another.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment services provided to you. I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI.

Disclosures to family, friends, or others: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations. I



may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Psychotherapy Notes: I keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: For my use in treating you; For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy; For my use in defending myself in legal proceedings instituted by you; For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA; Required by law and the use or disclosure is limited to the requirements of such law; Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes; Required by a coroner who is performing duties authorized by law; Required to help avert a serious threat to the health and safety of others.

Contact Outside of Sessions for Scheduling and Health-related Services: I may use your PHI, such as your email or phone number, to remind you of upcoming appointments or to address any scheduling concerns that may arise. Additionally, I may use or disclose your PHI to inform you of treatment alternatives or other health care services. You have the option to opt in or out of receiving communications via email, phone calls, or texts, and your preferences are strictly confidential and never shared with third parties.

Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

DISCLOSURE OF PHI WITHOUT AUTHORIZATION

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations. As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child and Elder/Vulnerable Adult Abuse or Neglect: I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child or elder or vulnerable adult abuse or neglect.

Judicial and Administrative Proceedings: I may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. I may also disclose health information about you in response to a lawful process requested by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.



Deceased Patients: I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies: I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm and when it is impractical to obtain your written authorization.

Family Involvement in Care: I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight: If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement: I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions: I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety: I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.



Research Purposes: I may disclose your PHI for research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition. I may disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved their research.

YOUR RIGHTS REGARDING YOUR PHI

Right of Access to Inspect and Copy. Other than “psychotherapy notes”, indicated above, you have the right to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please discuss this with me if you have further questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. The Privacy Rule does not require accounting for disclosures: for treatment, payment, or health care operations; to the individual or the individual’s personal representative; for notification of or to persons involved in an individual’s health care or payment for health care, for disaster relief, or for facility directories; pursuant to an authorization; of a limited data set; for national security or intelligence purposes; to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; and/or incident to otherwise permitted or required uses or disclosures.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request.

Breach Notification. If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.



Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with me (Leigh Roberts, LCSW) at 4023 Chain Bridge Road, Suite G, Fairfax, VA 22030. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. I will not retaliate against you for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices is effective September 1, 2024

ACKNOWLEDGMENT AND RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

My signature below shows that I have read, understand, and acknowledge receiving this Notice of Privacy Practices.

Signature: _____

Printed name: _____ **Date:** _____