

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

What is this Notice and Why is it Important? As of April 14 of 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Augusta Psychological Associates PC will protect your medical information, how we may use or disclose this information, and describes your rights.

Use and disclosure of protected health information for the purposes of providing services: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes. If you have any questions about this notice, please contact us at 540-949-4202.

Understanding Your Health Information: During each appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

Your Health Information Rights: You have the following rights related to your medical record:

- *Obtain a copy of this notice.*
You can read this notice in the waiting room, and you can also obtain your own copy if you would like.
- *Authorization to use your health information.*
Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure. Revocation is not valid to the extent that you have acted in reliance on such previous authorization.
- *Inspect and copy your medical billing records.* You have the right to inspect and copy records. We may charge you for copying mailing, etc.
- *Accounting of disclosures.* You have the right to an accounting of disclosures for a six year period beginning April 14, 2013. The exceptions to this are disclosure for treatment, payment or health care operations, pursuant to a signed release, disclosure made to a client and disclosures for national security or law enforcement.
- *Change your health information.*
If you believe the information in your record is inaccurate or incomplete, you may request that we correct or add information. We may deny the request and if denied you have the right to file a disagreement statement. This disagreement statement and your response will be filed in your record. The amendment request must be in writing.

- *Request confidential communications.*
You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
- *Request restrictions on uses and disclosures of your healthcare information.* This must be in writing and we are not obligated to agree.
- *Right to complain.* You have the right to complain in writing within two weeks. If you are not satisfied with the response you have the right to complain to the U.S. Department of Health and Human Services. This will not cause any retaliation on our part.
- *Receive changes in policy.* You may request any future changes and you have the right to contact our privacy officer.
- *Choosing not to use insurance.* If you choose to pay out-of-pocket in full we then agree not to disclose your protected health information to your health plan for payment or healthcare operations.

My Responsibilities

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.
- We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- Except for the purposes related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

When Can We Legally Disclose Your Health Information Without Your Specific Consent?

- *In order to facilitate your medical treatment, to provide, manage or coordinate care, consult or for referral sources.*
For example: Your primary care physician or your psychotherapist might call us to discuss your treatment, and in that situation we would disclose information about your diagnosis, your medications, and so on.
- *In order to verify insurance and coverage or to process claims and collect fees.*
For example: In order to get paid for our services, we have our billing office send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment. In other cases, we fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis. We initiate patient billing transactions in-house, but submit many transactions online, through encrypted internet billing gateways (as is typical for most physician practices).
- *In order to facilitate routine office operations.*
For the review of treatment procedures or business activities. For certification, staff training or compliance and licensing activities. We additionally offer electronic submission of prescriptions through an encrypted prescription submission network.

Less Common Situations in Which We Might Disclose Your Health Information

- **Workers compensation:** We may disclose your health information to comply with laws relating to worker's compensation or other similar programs.

- **Law enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order. This includes any information requested by the Department of Social Services (DSS) related to cases of neglect or abuse of children.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect:** We are obligated by law to release your protected health information to a public health authority to provide reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Business Associates:** Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
- **Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events due to medications.
- **Emergency:** If you are involved in a life-threatening emergency and we cannot ask your permission, we will share information if we believe you would have wanted us to do so, or if we believe it will be helpful to you.
- **Court 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, we will not release information unless you provide written authorization or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so that you (or your attorney) can file a motion to quash (block) the subpoena.

- **Serious Threat to Health or Safety:** Under Virginia law, if we are engaged in our professional duties and you communicate to us a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are legally required to take steps to protect third parties.
- **Records of Minors:** Virginia has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records and CSB evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and we will discuss these in detail if providing services to minors on request.
- Other uses and disclosures not described will be made only with the patient's authorization.

Situations That Require Your Authorization Prior to Release of Records

- General uses and disclosures of psychotherapy notes.
- Uses and disclosure of protected health information for marketing purposes.
- Disclosures that involve the sale of protected health information.

Breach Notification

- You have a right to receive notification when there has been a breach of unsecured protected health information.

Updated 09/25/2013