

## Wavecrest Counseling

This notice is effective 9/1/2018, updated 1/1/2021

### **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPAA Notice)**

**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.**

As a Licensed Professional Counselor in the Commonwealth of Virginia, I create and maintain treatment records that contain individually identifiable health information about you. This notice, among other things, concerns the privacy and confidentiality of those records and the information they contain.

#### **Uses and Disclosures of Information without Your Authorization**

Federal privacy rules and regulations allow me to use or disclose your personal health information (without your written authorization) to enable me to provide treatment to you, for billing and related business purposes, to conduct health care operations, and to disclose your protected health information to any health care provider to facilitate their treatment activities.

#### **Notice of privacy practices**

This may include consultations or referrals with other licensed health care providers about your condition, the coordination and management of your health care among health care providers or a third party, communications with insurance carriers and billing agents, and oversight organizations that work to ensure that services are provided in a manner that complies with applicable laws, regulations and professional ethics.

I may be required or permitted to disclose your personal health information without your written authorization in other circumstances including, but not limited to the following:

- When compelled by a court, board, commission, administrative agency, arbitration panel, or search warrant as long as the request is lawful and follows the guidance established by law and the regulations of the requesting entity.
- For the purpose of Reporting Child or Elder Abuse, Neglect or Domestic Violence to appropriate authorities, when made in good faith.
- To report the need for additional services if I believe you have become a danger to your own safety or to the safety of other persons.
- To contact you to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you.

**Uses or disclosures of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure.**

#### **Other Uses and Disclosures Requiring Your Authorization**

In those instances when I am asked for information for purposes outside of the situations described above, I 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. Any revocation applies to only that information for which an authorization is required, and is not retroactive to any time prior to the date of the revocation.

#### **Client's Rights and Therapist's Duties**

##### **You Have The Right To:**

- Request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. We will discuss this issue if this occurs.
- Request and receive confidential communications of your private health information by alternative means and at alternative locations.
- Inspect and/or obtain a copy of protected health information and billing records used to make decisions about you for as long as the protected health information is maintained in the record. I may deny your access to protected health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Request an amendment of protected health information for as long as the protected health information is maintained in the record. If requested, I will discuss with you the details of the amendment process. Please understand, however, that I am not required to amend the information in the record.
- Generally have the right to receive an accounting of any disclosures of your protected health information. On your request, I will discuss with you the details of the accounting process.
- Obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### **My Duties:**

I am required by law to maintain the privacy of your Personal Health Information and to provide you with a notice of my legal duties and privacy practices with respect to Personal Health Information. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you a copy of these revisions at the next appointment.

##### **Complaints:**

If you have a concern about the privacy of your records or any other element of this policy, you may complain to me, or to the Secretary of the U.S. Department of Health and Human Services. Please submit complaints in writing, to me, or to the Secretary of the U.S. Department of Health and Human Services at the following address:

##### **U.S. Department of Health & Human Services**

150 S. Independence Mall West - Suite 372

Philadelphia, PA 19106-3499

(215) 861-4441; (215) 861-4440 (TDD)

(215) 861-4431 FAX