

NOTICE OF PRIVACY PRACTICES

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

I am required by law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I will follow the privacy practices that are described in this Notice. If I amend this Notice, I will provide you with the amended Notice for your information and signature.

For more information about my privacy practices, or for additional copies of this Notice, please let me know your questions as soon as they arise.

NOTE: I will not share any identifying information about you without your written authorization except as it applies to #3 below (Required or Permitted by Law.)

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- A. **Permissible Uses and Disclosures Without My Written Authorization.** I may use and disclose your PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures of your mental health information that are legally permissible.
- i. **Treatment:** I may use and disclose your PHI to other clinicians involved in your care in order to better provide integrated treatment to you. For example, I may discuss your diagnosis and treatment plan with your psychiatrist, medical doctor, or nurse practitioner. In addition, I may disclose your PHI to other health care providers in order to provide you with appropriate care and continued treatment.
 - ii. **Payment:** I may use or disclose your PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include some information about our work together so that the insurer will pay for the treatment. I may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.
 - iii. **Required or Permitted by Law:** I may use or disclose your PHI when I am required or permitted to do so by law. For example, I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

In addition I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others

B. Permissible Uses and Disclosures That May Be Made Without My Authorization, But For Which You Have An Opportunity to Object.

- i. **Family and Other Persons Involved in Your Care.** I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, then I will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. I will also use my professional judgment and my experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment with me.

C. Uses and Disclosures Requiring Your Written Authorization.

- i. **Psychotherapy Notes.** I will not disclose the records of our work that I keep separate from the medical record for my personal use, known as psychotherapy notes, except as permitted by law.
- ii. **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing me with written notification of such revocation.

II. MY INDIVIDUAL RIGHTS

You have certain rights regarding your health information.

- A. You have the right to ask me to communicate with you about your health and related issues in a particular way or place that affords you the most privacy. For example, you can ask that I do not call you at work, or that I do not identify myself when I call you at home, etc. I will do my best to accommodate your requests.
- B. You have the right to request access to your clinical record. Should you care to do so, I will discuss with you that process upon your request.
- C. You have the right to ask me to amend your record. Should you care to do so, you would have to submit your request and the reasons for your request in writing. I have the right to deny that request if deemed it would bring harm to the treatment.
- D. Upon written request, you may obtain an accounting of disclosures of your PHI made by me in the last six years, subject to certain restrictions and limitations.
- E. You have the right to request that I amend your PHI. Your request must be in writing, and should explain why the information should be amended. I may deny your request under certain circumstances.

F. You have the right to a copy of this Notice, any time, by submitting a request to:

Ellen M. Neal, L.C.S.W., C.C.T.P.
703.220.0107 (office) - 703.543.2279 (fax)
ellen.neal@hushmail.com

G. **Right to Receive Notification of a Breach.** I am required to notify you if I discover a breach of your unsecured PHI, according to requirements under federal law.

H. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, please contact me at:

Ellen M. Neal, L.C.S.W., C.C.T.P.
703.220.0107 (office) - 703.543.2279 (fax)
ellen.neal@hushmail.com

I. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on September 23, 2013.

B. Changes to this Notice. I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised notice in the waiting area of my office and on my website at vaguidedtherapy.com. You may also obtain any revised notice by asking me directly.