

Behavioral Health Services of Virginia

1701 E Parham Rd
Richmond, VA 23228
Phone: 804-261-4163 | Fax: 804-264-6140

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on [INSERT DATE].

ACKNOWLEDGEMENT OF 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 ("PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your care is personal. I am committed to protecting your health information. I maintain a record of the care and services you receive. I need this record to provide quality care and to comply with legal requirements.

This notice applies to all records of your care generated by this practice.

I am required by law to:

- Make sure PHI that identifies you is kept private.
- Give you this notice of legal duties and privacy practices.
- Follow the terms of the notice currently in effect.

I can change the terms of this Notice. Changes will apply to all information I have about you. Updated Notices will be available upon request, at our office, and on our website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

1. For Treatment, Payment, and Health Care Operations

Federal privacy rules allow use or disclosure of your PHI without written authorization for:

- **Treatment** – e.g., consultation between health professionals.
- **Payment** – e.g., billing your insurance.
- **Health care operations** – e.g., quality improvement, appointment reminders.

Disclosures for treatment purposes are **not limited** to the minimum necessary standard.

2. Lawsuits and Disputes

If you are involved in a legal matter, I may disclose health information in response to:

- A court or administrative order
- A subpoena or discovery request (after efforts to notify you)

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes

I keep psychotherapy notes as defined by HIPAA. These require your Authorization unless the disclosure is for:

- Treatment
- Training/supervision
- Legal defense
- HHS investigation
- Legal requirements
- Oversight activities
- Coroner requests
- Prevention of serious threat

2. Marketing Purposes

I will not use PHI for marketing unless you sign a written authorization. Examples include sharing your review publicly.

3. Sale of PHI

I will **never** sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

I may disclose PHI without your Authorization for:

- Appointment reminders
 - Public health activities (including child or elder abuse reporting)
 - Health oversight activities (audits, investigations)
 - Judicial/administrative proceedings
 - Law enforcement purposes
 - Coroner or medical examiner duties
 - Research
 - Specialized government functions
 - Workers' compensation
 - Organ/tissue donation requests
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V. USES AND DISCLOSURES REQUIRING AN OPPORTUNITY FOR YOU TO OBJECT

You have the right to object to sharing PHI with:

- Family members
- Friends involved in your care
- Disaster relief organizations

In emergencies, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR PHI

1. Right to Request Limits

You may request restrictions on use/disclosure. I may deny the request if it affects your care.

2. Right to Restrict Disclosures to Health Plans

If you pay in full out-of-pocket, you may restrict disclosure of that service to your health plan.

3. Right to Choose How We Contact You

You may request specific communication methods.

4. Right to Inspect and Copy

You may request electronic or paper copies of your medical records within 30 days. Reasonable fees may apply.

5. Right to an Accounting of Disclosures

You may request a list of non-treatment/payment/operations disclosures made within the last six years.

6. Right to Amend Your PHI

If information is incorrect or incomplete, you may request correction. If denied, you will receive a written explanation.

7. Right to a Paper or Electronic Copy of This Notice

8. Right to Choose Someone to Act for You

A legal guardian or medical power of attorney may exercise your rights.

9. Right to Revoke an Authorization

10. Right to Opt Out of Fundraising Communications

11. Right to File a Complaint

You may file complaints with:

Behavioral Health Services of Virginia

1701 E Parham Rd, Richmond, VA 23228

Phone: 804-261-4163

OR

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington D.C. 20201
Phone: (877) 696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints

You will **not** be retaliated against for filing a complaint.

VII. CHANGES TO THIS NOTICE

I may change the terms of this Notice. Changes apply to all information I maintain. Updated versions will be available upon request and in our office.