

Exhale Behavioral Health  
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## **NOTICE OF PRIVACY PRACTICES**

Notice of Clinical Social Worker's Policies and Practices to Protect the Privacy of Your Health Information

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.

I may *use* or *disclose your protected health information* (information in your health record that could identify you or PHI), for *treatment, payment, and health care operations* purposes with your consent.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

“*Treatment*” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health care provider.

“*Payment*” is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or determine eligibility or coverage.

“*Health Care Operations*” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within my [office, clinic, practice group, etc.], as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payments and health care operations,

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.

You may not revoke an authorization if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If I have a reason to suspect that a child has been abused or neglected, I am required by law to report this to Child Protective Services.

**Adult and Domestic Abuse:** If I suspect or have a good faith reason to believe that any incapacitated adult has been subject to abuse, neglect, self-neglect or exploitation, or is living in hazardous conditions, I am required by law to report that information to the Department of Adult Protective Services.

**Health Oversight:** If the Virginia Board of Health Examiners is conducting an investigation, then I am required to disclose your mental health record upon receipt of a subpoena from the board.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I provided you an/or the records thereof, such information is privileged under state law, and I may not release information without your written authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.

**Serious Threat to Health or Safety:** If you have communicated to me a serious threat or physical violence against a clearly identified or reasonably identifiable victim or victims, or if you have made a serious threat of substantial damage to real property, I am required by law to take reasonable precautions to provide protection from such threats by warning the victim or victims of your threat and to notify the police department closest to your residence or the potential victim's residence, or obtain your civil commitment to the state mental health system.

### **IV. Patient's Rights and Social Worker's Duties**

Patient's Rights:

*Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative location. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. )

*Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.

*Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

*Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

*Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### Social Worker's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

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 post a current copy of this Notice in my office and will provide you with a paper copy with the new effective date on request.

#### **V. Complaints**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me or the Virginia Department of Health Professions.

#### **VI. Restrictions and Changes to Privacy Policy**

I reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that I maintain.