

## Privacy Practices Notice

This notice describes how medical information about you may be used and disclosed and how you can access to this information. *Please read it carefully.*

The staff of Virginia Center for Family Relations, pc (VCFR) understands that your privacy is very important to you. We strive to do everything possible to maintain the utmost confidentiality. Any disclosures of information will be limited to the minimum necessary.

We are required by law to provide you with notice of our legal duties and privacy practices with respect to personal health information (PHI). PHI is the information your counselor gathers and concludes from the information you provide. Such information may include documenting your symptoms, diagnoses, treatment, progress notes, and applying for future care or treatment. It also includes billing documents for those services.

Upon signing VCFR's *Consent to Treatment* form, you are allowing us to use and disclose your PHI that is necessary to provide psychotherapy, receive payment for these services and to conduct our day-to-day operations. Some examples would include the following:

- Providing medical information required by your insurance company for payment of claims.
- Providing needed treatment plans to your managed care company to acquire authorization for further treatment.
- A monthly bill is sent to the Responsible Party identified by you on the intake information.
- In the event of an audit by your health insurance company or in-office quality improvement audit regarding the maintenance of your PHI.
- For collection action related to delinquent accounts.
- Calling to remind, or verifying with you about an appointment and scheduling.
- For our administrative staff to be able to process charges for services and to submit medical claims.

In other situations where there is a need for exchange of information regarding your treatment, we use an *Authorization of Release* form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the right to revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization. For example:

- Sharing and exchanging treatment information with your primary care provider (PCP) or consulting with your psychiatrist.
- Sharing and exchanging information regarding your situation from other family members or from your referral source.
- Communicating with an employer concerning work-related issues.

There are a few extreme situations where we may release your information without your permission as required by the federal, state or local laws. For example:

- Children or incapacitated adults who are victims of abuse, neglect or exploitation.
- In response to a serious, specific threat to harm one's self or someone else.
- In some cases when ordered by a court of law.

## **Your Health Information Rights**

The health and billing records that VCFR maintain are the physical property of VCFR. The information in your PHI record belongs to you. You have the right to the following:

- To inspect or to request copies of your PHI records. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. For example, psychotherapy notes are the written notes that your counselor has made from his or her conversations with you. These therapy notes are protected and you do not have the right to access them. They are maintained separate from the PHI and are for the sole use of your clinician. Your request to access your PHI must be in writing to your counselor. Within 60 days of your request, we must give you a written response of our decision and reason. (A retrieval and copying fee will be charged.)
- To request amendment of your PHI records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to your counselor. We may deny the request for proper reasons but you will be provided with a written explanation.
- To receive an accounting of VCFR's disclosures of your PHI that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You must make this request in writing to your counselor.
- To request from your counselor a restriction with regard to the use or disclosure of your PHI. This request will be evaluated by your counselor and you will promptly be informed as to whether or not, in honoring your request would hinder our ability to offer effective services, receive payment and maintain health care operations.
- To request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made with your counselor.
- To restrict certain disclosures of PHI to a health plan for services that have been paid for out-of-pocket in full by you or another person on your behalf.
- To obtain a paper copy of this Privacy Notice at any time upon request.
- To be notified if there has been a breach of unsecured PHI.

Virginia Center for Family Relations' requirements include: (1) maintaining the privacy of your PHI, (2) providing you with a notice of our privacy practices, (3) abiding by the terms of this notice, (4) notifying you if there is a policy change, and (5) accommodating reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We have no intentions of changing our privacy policies unless we are able to improve the way we protect your confidentiality. Virginia Center for Family Relations, pc reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain. Revised Privacy Notices will be posted and available upon request.

### **For More Information or To Report a Problem**

For additional information concerning our Confidentiality Policy, the federal and state laws pertaining to privacy, or if you feel your privacy rights were violated, you may call or file a written complaint to the following:

Larry French, Executive Director for Virginia Center for Family Relations , pc at 1450 Sachem Place, Suite 101, Charlottesville, Virginia 22901; or call at 434-973-5640.

Secretary of Health and Human Services, Immediate Office of the Secretary, Hubert Humphrey Bldg., 200 Independence Ave. SW, Washington, DC, 20201; or call toll free at 877-696-6775.

Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Bldg, Philadelphia, PA 19106-9111; or call toll free at 800-368-1019.

In the event you exercise your right to file a complaint, the staff of Virginia Center for Family Relations cannot and will not retaliate or discriminate against you in any way.