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Notice of Privacy Practices

This notice describes how information about you may be used and disclosed. It also states how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records (including mental health records) and other individually identifiable health information used or disclosed by me (in any form) are kept confidential. The HIPAA Act gives you, the client, new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, I have prepared this explanation of requirements regarding maintaining the privacy of your health information and how I may use or disclose your health information.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations.

- **PHI** - information in your health record that could identify you, the client. If appropriate this may include your mental health diagnosis.
- **Treatment** - the provision, coordination or management of your health care and other services related to your health care. An example of treatment would be a clinical session, or consultation with another health care provider, such as your family physician, psychiatrist, or another psychotherapist.
- **Payment** - refers to obtaining reimbursement for my services. Examples of payment are when I send you a bill, or disclose your PHI to your health insurer to obtain reimbursement for your health care.
- **Health Care Operations** - 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, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** - applies to activities *outside* of my office, such as releasing, transferring, or providing access to information about you to other parties.

I may also contact you to provide appointment scheduling and reminders, or to relay information about treatment alternatives or other health-related benefits and services that may be of interest to you.

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

- If I am engaged in my professional duties and you communicate to me reason to suspect that a child or elderly adult is being abused, neglected, or exploited, I am required by law to report the matter immediately to the Virginia Department of Welfare or Social Services.
- The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- If you are involved in a court proceeding and a valid court ordered subpoena is issued for your records, I must provide the court with your PHI. However, if you move to quash (block) the subpoena, I am required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered.
- If I am engaged in my professional duties and you communicate to me an immediate threat to cause serious bodily injury or death, to yourself or an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect you and/or the third parties. These precautions may include (1) having you evaluated for psychiatric hospitalization, (2) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (3) notifying a law enforcement officer.
- If I am engaged in my professional duties and you communicate to me that you have been involved in a sexually inappropriate relationship with an identified previous mental health professional, I have a duty to report that mental health professional to the board of psychology.
- If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Any other uses and disclosures will be made only with your written authorization.

I may use or disclose PHI for purposes outside of those listed above only when your appropriate written authorization is obtained. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) 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.

Patient's Rights

Below are your rights with respect to your protected health information. You may exercise these rights by presenting me, your treatment provider, with a written request.

- 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.
- You have the right to reasonable requests to receive confidential communications of PHI by alternative means and/or at alternative locations. (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.)
- You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI 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.
- 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.
- You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, I will discuss with you the details of the accounting process.
- You have the right to obtain a paper copy of the notice from me upon request.

Duties of the Mental Health Professional

- I am required by law to maintain the privacy of your PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- This notice is effective April 14, 2003. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices and to make the new notice provisions effective for all PHI that I maintain. If I revise my Privacy Practices, and you are still under my care, I will provide you with a written copy of those revised policies within 30 days of their revision.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please let me know.

If you believe that your privacy rights have been violated, please let me know. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services: The U. S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Acknowledgement of Privacy Practices

By signing this form you are acknowledging that you have received a copy of my Notice of Privacy Practices. You are also acknowledging that you understand the Notice of Privacy Practices and your respective rights as a client.

Your Signature

Date

Your Name (printed)

Leslie K. Dalton, Ph.D., SEP

Date

This page will be filed in your treatment record.