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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 CAREFULLY.

Your health record contains personal information about you and your health. This information that may identify you and that relates to your physical or mental health is referred to as Protected Health Information (PHI). This notice describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), regulations under HIPAA, including the HIPAA Privacy and Security rules, and the *NASW Code of Ethics*. It also describes your rights.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice. I reserve the right to change the terms of this notice at any time. Any new Notice will be effective for all PHI that I maintain at the time. I will provide you with a copy of the revised Notice.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment: Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment. This includes consultation with clinical supervisors or other treatment team members. I may disclose to other consultants with your approval.

Payment: I may use and disclose PHI, with your authorization, so that I can receive payment for treatment of services. Examples of payment related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company or EAP, or reviewing services provided to you to determine medical necessity. If it becomes necessary to use a collection service due to lack of payment for services, we will only discuss the minimum amount of PHI necessary for purposes of collection.

Healthcare Operations: I may use or disclose your PHI in connection with my healthcare operations, including quality assurance, certification, licensing, or credentialing activities. As a contracted provider with a particular health plan, for example, they may conduct audits of medical records that include PHI.

Required by Law: Under the law, I must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigation or determining our compliance with the requirements of the Privacy Rule.

WITHOUT AUTHORIZATION: Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. As a social worker licensed in this state, it is my practice to adhere to more stringent privacy requirements for disclosure without authorization.

Child Abuse or Neglect: I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings: I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process.

Deceased Patients: I may disclose PHI regarding deceased patients as mandated by state law, or to another person that was involved in your care, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of the deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than 50 years is not protected under HIPAA.

Medical Emergencies: I may use or disclose your PHI in an emergency situation to medical personnel only in order to prevent serious harm.

Family Involvement in Care: I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent harm.

Health Oversight: If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Law Enforcement: I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, a deceased person, the reporting of a crime in an emergency, or with a crime on the premises.

Specialized Government Functions: I may review requests from US military command authorities if you have served as a member of the armed forces and to the Department of State for medical suitability determinations, and disclose your PHI based on written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaboration with the public health authority.

Public Safety: I may disclose your PHI if necessary, to prevent or lessen a serious imminent threat to the health or safety of a person or the public. If information disclosed to prevent or lessen a serious threat, including the target of the threat.

Verbal Permission: I may use or disclose your information to family members that are directly involved in your treatment with verbal permission.

Written Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; (iv) other uses and disclosures not described in the Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me.

Right to Inspect and Copy: You may submit a written request to access or have a copy of your medical record but excluding psychotherapy notes maintained by me. This right will be restricted only in those situations where there is compelling evidence that access would cause serious harm or injury to you. I may charge a reasonable, cost-based fee for copies.

Right to Amend: If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information. If I deny your request, you have the right to file a statement of disagreement with me.

Right to an Accounting of Disclosures: Upon written request, you may obtain an accounting of certain disclosures. I may charge you a reasonable fee if you request this more than once a year.

Right to Request Restrictions: You have a right to request in writing a restriction or limitation on the use of disclosure or your PHI for treatment, payment, or health care operations. I will consider, but am not required to agree to such, unless you are paying for the services out of pocket.

Right to Request Confidential Communication: You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I will not ask for an explanation of why you are making the request.

Breach Notification: If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice: You have a right to a copy of this notice.

COMPLAINTS

If you believe that I have violated your privacy rights, you have a right to file a complaint with the Secretary of Health and Human Services at 200 Independence Ave., SW, Washington, DC, 20201 or by calling 202-619-0257.

I will not retaliate against you for filing a complaint.

The effective date of this Notice is October 2015.