



HIPAA Notices 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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

Evergreen Counseling Center, PLLC, is 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 of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices at your office visit or upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

1. **Consultation/Supervision:** To ensure that I am providing quality care to you/your child, I occasionally consult with a professional mentor and/or a peer consultation group. In these cases, I do not reveal any identifying information other than your first name.
2. **Coordinating Care with Other Providers:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. I may disclose PHI to any other consultant or provider *only with your authorization*.
3. **For Payment:** If you would like for me to provide further information to your insurance provider, Evergreen Counseling Center, PLLC may use and disclose PHI so with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.
4. **Paper Records:** My formal records will describe the services provided to you, contain dates of our sessions, diagnosis, symptoms, prognosis and progress, correspondence with you, and any related reports provided with your permission (i.e. psychological or educational testing, school reports).
5. **E-mail, text messaging and electronic correspondence:** Sometimes, clients find it useful to use e-mail or text to reach me between sessions. While I retrieve and respond to all e-mail personally and apply the same confidentiality guidelines as listed above, I understand that any electronic correspondence and text messaging are vulnerable to unauthorized access.
6. **Telephone messages when I contact you:** If you are unable to answer when I need to contact you by phone, I may leave a brief message including my name at the number(s) you have provided. If you would like for me to refrain from leaving any voice mail messages, please let me know so that we determine another form of reliable communication. I may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.
7. **Social Media:** Please be advised that in order to protect confidentiality, I cannot accept friend/connection requests from clients via “linked in,” “facebook” or other social media sites.

Disclosing PHI as Required by Law

Under the law, we 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 investigating or determining our compliance with the requirements of the Privacy Rule.

Disclosing Protected Health Information Without Authorization

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

1. **Medical Emergencies.** Emergency: If you are involved in a life-threatening emergency and I cannot ask for permission, I will share information I believe you would want me to share or if I believe it would be helpful to you in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.
2. **Harm to Self or Others/Public Safety:** As prescribed in the code of ethics for my profession, if I believe that you are at imminent risk to yourself or someone else, I will disclose information to aid in your safety or the safety of others and to prevent or reduce threat of harm to self or others. This holds true even if you do not intend harm to yourself or another person. In these situations, I will need to use my professional judgment to decide if another party, including the target of the threat, ought to be informed.
3. **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect. Additionally, Virginia law mandates that social workers report suspicions of child abuse or neglect – either in the present or the past - to the Department of Social Services (DSS or CPS). Additionally, if I have suspicions that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Virginian law to make a report to the VA Department of Welfare or Social Services.
4. **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process. In certain VA court cases, records may be subpoenaed, or due to court order, administrative order or similar process, hence compromising therapist-client confidentiality. Types of proceedings where this may be true include: criminal cases, adult and domestic abuse, missing person, material witness, child abuse, in connection with a victim of a crime, in connection with a deceased person, any court case where your mental health is an issue, or when where the judge “deems it necessary to the proper administration of justice.” In this event, I will do my best, with your consent, to work with your attorney to quash such a subpoena and request that therapist-client confidentiality be protected. Nevertheless, in these cases, the judge has ultimate discretion.
5. **Law Enforcement.** We may disclose PHI to a law enforcement official in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
6. **Court Proceedings:** While highly unlikely, sharing your confidential information may be necessary to arrange for legal services to defend my legal rights.
7. **In the Commonwealth of Virginia, certain others are legally permitted to request access to treatment records:**
 - a. **Protective Services Workers** (i.e. CPS) to whom I have reported suspicions of abuse and/or neglect.
 - b. **Court Appointed Special Advocates** (i.e. G.A.L.) in child abuse or neglect cases, if the court orders.
 - c. **Evaluators** involved in a minor’s involuntary commitments.
 - d. **Oversight agencies** for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include peer review organizations performing utilization and quality control.
8. **Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person’s estate.
9. **Drug Treatment:** If you are under 18 and specialized drug treatment/chemical dependency treatment is indicated for you, I will need to communicate this to your parents.

10. Health Oversight: VA law requires that social workers report misconduct by a health care provider of their own profession. By policy, I also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me if I believe your condition places the public at risk. VA licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

11. Specialized Government Functions. Evergreen Counseling Center, PLLC may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

12. Public Health. If required, we 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 collaborating with that public health authority.

Disclosing PHI With Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Margaret Lang-Garnhart at the office address noted above.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we 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 the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with Margaret Lang-Garnhart, LCSW, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is June 9, 2015.



Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

I have read and understood the Margie Lang-Garnhart, LCSW's Notice of Privacy Practices, policies and limitations to confidentiality. I consent to receive service under those conditions. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Margie Lang-Garnhart at Evergreen Counseling Center, PLLC, 571-252-3328.

Signature of Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Clinician

Date

Addendum for Adolescents:

Communication with your parent(s) or guardian(s):

- Except for situations mentioned above, I will not tell your parent or guardian specific things you have talked about with me in our private therapy sessions. This includes behaviors that your parent or guardian might disapprove of or find upsetting, unless that behavior or activity puts you at risk of serious and immediate harm. If, however, you engage in risk-taking behavior that becomes more serious, I will need to use professional judgment to decide about the level of potential harm and then I will communicate this information to your parent or guardian.
- On occasion, I may choose to meet alone with your parent(s)/guardian(s) in order to communicate with them some ways to be more helpful to you. Even if I have agreed to keep information confidential (i.e. not tell your parent or guardian specifics) I may describe those themes in general terms during these sessions, without using specifics, in order to help them know how to be more helpful to you.
- At times, I may believe that it is important for your parent(s)/guardian(s) to know what it going on in your life. In these cases, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. If you are under 18 and specialized drug treatment/chemical dependency treatment is indicated for you, I will need to communicate this to your parents.
- Please note that, in Virginia, a parent/guardian has the legal right to view any written records about our sessions.

Communicating with School:

- Sometimes, I may want to communicate with your school, your teacher or guidance counselor to see how things are going for you there or to gain some insight or suggestions about what might be helpful to you. If I want to contact your school, or if someone at your school wants to speak with me, I will discuss this with you and ask for your permission and the permission of your parents(s) or guardian(s). Also, generally, I will not share information with your school unless I have your permission and permission from your parent or guardian. Rarely, I may speak to your school without your permission if, in my professional judgment, it is very important for me to be able to share this information.

Communicating with Doctors:

- Sometimes, I may need to work together with your doctor in order to provide quality help to you. An example of when this may occur is if you need to take medication in addition to seeing a therapist. I will get your written permission, and permission from your parent(s) or guardian(s) before contacting your doctor unless I believe you are likely to cause harm to yourself or others.

Minor's Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____