

Benta A. Sims, LPC
105 N. Virginia Ave., Suite 309
Falls Church, VA 22046
(703) 244-9232
benta@bentasimslpc.com
www.bentasimslpc.com

Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information (HIPAA Policy and Practices)

- I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**
- I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:
 - “**PHI**” refers to information in your health record that could identify you.

“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 psychologist or psychiatrist.
- 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 to 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, practice group, etc., such as sharing, employing, applying utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my office or practice, 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, payment and health care operations, I will obtain an authorization from you before releasing this information. 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 (or 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.

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 reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Virginia Department of Social Services.
- **Disabled Dependent or Elderly Adult Abuse:** If I have reason to suspect that an elderly or disabled dependent adult is abused, neglected, or exploited, I am required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been serviced, along with the proper notice required by state law). 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. You will be informed in advance if this is the case. From time to time, clients find themselves in judicial proceedings and as a result I receive subpoenas to produce documents and/or to appear at a deposition, a hearing or a trial. If I receive a subpoena or other process to produce your records, you will receive notice of same from the party who subpoenas the records. If you or your counsel subpoenas the records that will constitute your consent to produce the records. If another person subpoenas your records and you object to the records being produced, then you must contact me immediately to tell me of your objection and you must file a motion to quash the subpoena in court to bar the production of the records. If you do not object within the time set forth in the subpoena or within 14 days of service of the subpoena, whichever is longer, then that shall constitute your consent that the records may be produced. If I find it necessary to obtain counsel to file pleadings in court or to appear in court to contest a subpoena, then you will be responsible for those reasonable attorney's fees. Finally if I am subpoenaed to appear in court or at a deposition to testify in any legal proceeding in which you are a part about matters related to you, then you agree to pay for my time at the rate of \$100 per hour.
- **Serious Threat to Health or Safety:** If I am engaged in professional duties and you communicate to me a specific and immediate threat to harm yourself, or to cause serious bodily injury or death to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, then I must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

IV. Patient's Rights and Therapist'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 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.)
- **Right to Inspect and Copy:** 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.
- **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 most disclosures of your 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.

Therapist'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 provide my clients with a notice at their next scheduled session.

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 file a complaint with Benta A. Sims, LPC, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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. I will provide you with a revised notice at the first scheduled treatment visit after any revisions occur.

I have read and understood the **Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information (HIPAA Policy and Practices)**. Please sign below and return this form to Benta A. Sims, LPC. If you do not sign this form agreeing to the Notice of Practice, I cannot treat you.

Client's Name

Client's Signature

Date

Signature of parent/guardian if client is a minor

Date