

HIPAA Notice of Privacy Practices and Policies

The Meridian Group of Chesterfield
804-751-8644
Meridanhhelp.com

Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how your medical information about you, including mental health records, may be used and disclosed and how you can obtain access to this information through the Health Insurance Portability and Accountability Act. **Please review it carefully.**

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Your clinician may *use* or *disclose* your **Protected Health Information (PHI)** for *treatment, payment, and health care operations* purposes. 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* refers to providing, coordinating or managing your health care and other services related to your health care. An example of treatment would be when your clinician consults with another health care provider.
 - *Payment* is obtaining reimbursement for your healthcare. Examples of payment are when your clinician discloses your PHI to your health insurer or another third party to obtain reimbursement for your health care or to determine eligibility or coverage. If it becomes necessary to use collection processes due to lack of payment for services, the minimum amount of PHI necessary for purposes of collection will be disclosed.
 - *Health Care Operations* are activities that relate to the performance and operation of the 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 this office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

Your clinician 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. The authorization permits only specific disclosures. In those instances when asked for information for purposes outside of treatment, payment and health care operations, an authorization from you will be obtained before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the

extent that (1) your clinician has 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.

Uses and Disclosures with Neither Consent nor Authorization

Your PHI may be used or disclosed without your consent or authorization in the following circumstances:

- **Child Abuse:** If your clinician has reason to suspect that a child is abused or neglected, he or she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult Abuse:** If your clinician has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, there is a requirement by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** Mental Health licensing Boards have the power, when necessary, to subpoena relevant records should your clinician be the focus of an inquiry.
- **Compliance Investigations:** Under the law, your clinician must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.
- **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 Virginia state law, and your clinician will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, your clinician is 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.
- **Serious Threat to Health or Safety:** If your clinician is engaged in professional duties and you communicate a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and your clinician believes you have the intent and ability to carry out that threat

immediately or imminently, steps must be taken 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. Also if you are making a serious threat to harm yourself, your clinician may use and disclose your PHI to help prevent the threat.

- **Worker's Compensation:** When services are provided as part of a worker's compensation claim, then information may be requested by individuals or agencies coordinating and/or paying for services, including your employer. You will be informed when a request is initially made and what information is being requested.
- **Other Issues Regarding Minors:** In the cases of children, Virginia law allows certain others to request and obtain access to information in therapy records in specific circumstances. These include the Department of Social Services Protective Services Workers on report of a suspicion of abuse or neglect; Court-Appointed Special Advocates and Guardians ad litem in child abuse or neglect proceedings, if the court so orders; and evaluators for minors' involuntary commitment to inpatient treatment. In such cases your clinician will make every attempt to limit the information disclosed, by substituting an oral or written report, but cannot ensure that the treatment information can be protected from disclosure.
- **As Required by Law:** Your clinician will disclose PHI about you when required to do so by federal, state, or local law.

Patient's Rights

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

- *Right to Request Restrictions* – You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. However, your clinician is 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 in counseling. Upon your request, your bill will be sent to another address.)
- *Right to Inspect and Copy* – You have the right, which may be restricted in certain circumstances, to inspect and/or obtain a copy of PHI maintained in the record. Your right to inspect and/or copy records may be restricted or denied under certain circumstances, but in some cases you may have this decision reviewed by another clinician. On your request, your clinician will discuss with you the details of the request and denial process. Your clinician may charge you a reasonable, cost-based fee for copies.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request,

your clinician will discuss with you the details of the amendment process.

- *Right to an Accounting of Disclosures* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. A reasonable fee may be charged if you request more than one accounting in any 12-month period.
- *You have a right to restrict certain disclosures of PHI to health plan when not using insurance.* If you pay for services yourself “out of pocket” and don't use insurance, you have a right to request that no PHI about those specific services will be provided to your insurance company, even if other sessions were paid by insurance.
- *Right to a Paper Copy* – You have a right to obtain a paper copy of this notice.

Duties of Your Clinician:

- Your clinician is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI. Your clinician is required to abide by the terms of the Notice of Privacy Practices and Policies.
- Your clinician is responsible for keeping your information confidential. No information will be released without your consent or other instances discussed in this notice. However, in the very unlikely event this information is disclosed or accessed without your consent, referred to as a breach; every attempt will be made (mail and telephone) to notify you. That notification will include what has been breached, to whom, and what has been done to correct the action.
- Your clinician reserves the right to change or amend the privacy policies and practices described in this notice. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at the time. Your clinician will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on the Meridian Group website, sending a copy to you in the mail upon your request, or making available updated copies in the main waiting room.

Complaints

If you are concerned that your clinician has violated your privacy rights, or you disagree with decisions made about access to your records, please contact your clinician. If you are unable to reach an acceptable resolution with your clinician, you have a right to file a complaint in writing with our Privacy Officer, Dr. John Dwyer. If you have continued concerns, you may send a written complaint to the Virginia Secretary of Health & Human Services or the Secretary, Richmond, VA, or the U.S. Department of Health & Human Services, Washington, D.C. Dr. Dwyer can provide you with the appropriate address upon request. All clinicians of the Meridian Group of Chesterfield have agreed to abide by the HIPAA guidelines as described. You will not be penalized for filing a complaint.

The effective date of this Notice is September 23, 2013.