

Debra L. Tievsky, LCSW

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 IT CAREFULLY.

Each time you visit my office or any doctor's office, hospital, clinic, or other healthcare provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment you received, or about payment for healthcare. The collected information is called **Protected Health Information**, or **PHI**, for short.

I am required by applicable federal and state law to maintain the privacy of your PHI. The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed. I am required to give you this Notice about my privacy practices and your rights concerning your PHI. I must follow the privacy practices that are described in this Notice or any subsequent Notice, and I must follow legal requirements in federal and applicable state law about your PHI. I will ask you to sign a form acknowledging that you received a copy of my Notice of Privacy Practices.

I have designated myself to serve as the Privacy Officer regarding all privacy matters in this practice. For more information about my privacy practices, additional copies of this Notice, or to exercise any of your rights as set out in this Notice, please contact me at my office:

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5675 Stone Road, Suite 300
Centreville, VA 20120-1667
Phone: (703) 715-6011 Fax: (703) 991-9127

I. Uses and Disclosures of Protected Health Information

When your PHI is utilized by this practice, that is called "**use**". If your PHI is shared with or sent to others outside my office, that is called "**disclosure**". Except in some circumstances, I use and disclose only the **minimum necessary** PHI needed for the purpose.

I practice reasonable safeguards to help prevent unintended disclosures of PHI. Some ways I do this are to properly identify telephone callers, and to use fax cover sheets that clearly state the following information may contain PHI.

A. Permissible Uses and Disclosures without Your Authorization

I may use or disclose your PHI without your authorization (excluding Psychotherapy Notes as described in Section C.1) for treatment, payment, and healthcare operations (TPO) purposes as described below. The examples given in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law for each of these categories.

1. Treatment. I may use or disclose your PHI in order to diagnose and provide treatment to you. In addition, I may disclose your PHI to other healthcare providers involved in your treatment to facilitate their treatment of you. For example, I may disclose your PHI to other healthcare providers who are

on call to handle urgent or emergency situations for me outside of my usual business hours, when I am on vacation, or unavailable for some other reason.

2. Payment. I may use or disclose your PHI so that services you receive are appropriately billed for and payment is collected. For example, I may disclose your PHI to a third party service provider who issues, processes, and collects bills on my behalf. I may have to disclose your PHI to your health plan before it will tell me about your benefits, or so it can review your current or proposed treatment before it approves or pays for treatment. I may also disclose your PHI to help another healthcare provider obtain payment for services that they rendered to you.

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

4. Other Uses.

Appointment Reminders. I may use or disclose your PHI to reschedule or remind you of appointments for treatment or other care.

Treatment Alternatives. I may use or disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. I may use or disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business Associates. I may use third party service providers who are not my employees to perform certain business functions on my behalf, such as billing, transcription, or answering services. I will disclose only the minimum PHI necessary for these service providers to perform their duties. I will receive satisfactory assurances from them that they will protect the privacy of the PHI before I disclose it to them. This does not apply when I disclose PHI to another healthcare provider for treatment or third party payer.

B. Uses and Disclosures When I Must First Give You an Opportunity to Indicate Oral Authorization, When Practicable

After giving you a prior opportunity to orally authorize (or refuse authorization), I may disclose to a family member or close friend involved in your care only limited PHI that he or she needs to help in that care, or regarding payment. If it is not practical to obtain your prior oral authorization, I may use my professional judgment to determine if such limited disclosure is in your best interest. Similarly, I may follow the same disclosure process to notify a family member, personal representative, or other person responsible for your care of your location, general condition, or death.

C. Uses and Disclosures Requiring Your Written Authorization

I will not use or disclose your PHI for other purposes, unless consistent with HIPAA or applicable state law, without first obtaining your written permission on an **Authorization Form**. I will provide you with a HIPAA-compliant authorization form. Examples of disclosures that require your written authorization are, but are not limited to, the following:

1. Psychotherapy Notes. Notes recorded by me as your therapist documenting the contents of a counseling session with you ("Psychotherapy Notes") will not be used or disclosed without your written authorization, except when used by me for your treatment, for medical teaching, as required by court or administrative order, warrant, HIPAA-compliant subpoena, or to authorized entities with practice or licensure oversight of my practice, and certain other exceptions, such as to defend a proceeding brought against me by you. The following are not Psychotherapy Notes, as defined by HIPAA: medication prescription

and monitoring, counseling sessions start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

2. Marketing Communications. I will not use or disclose your PHI for marketing communications as defined by HIPAA without your written authorization. Selling or renting a patient list is an example of marketing communications.

D. Uses and Disclosures Required or Permitted by Law

I may use or disclose your PHI without your authorization, even when it is not for purposes of treatment, payment, or healthcare operations, when I am required to do so, or am permitted by law to do so. For example, I may disclose your PHI to appropriate authorities in compliance with applicable public health reporting laws, including cases of suspected abuse or neglect. I will comply with applicable law to protect an identified or identifiable potential victim from a specific and immediate threat communicated to me to cause serious harm to such individual.

I may disclose your PHI as reasonably necessary to state and federal agencies authorized to request and receive PHI in the course of their oversight duties of my practice and payment matters.

I may disclose your PHI to judicial and law enforcement officials and others; for example, as directed in court orders, administrative agency orders, HIPAA-compliant subpoenas, and warrants.

I may not be required to disclose your PHI without your authorization in the course of a Virginia child custody or visitation dispute, unless specifically directed by the court to do so, or in compliance with Virginia statutory provisions.

II. Your Individual Rights

In addition to your right to receive this and any current Notice of my privacy practices, you have other important rights. I will respond to your written requests to exercise your rights in a manner consistent with HIPAA requirements.

A. Right to Inspect and Copy

You may submit a written request to access your medical, including billing, records maintained by me. You do not have a right to access Psychotherapy Notes. You may also request copies of your records, for which I may charge a fee for the costs of copying and mailing.

I may deny access to your records under limited circumstances. If you are the parent or legal guardian of a minor, please note that certain portions of the minor's medical record may not be accessible to you. I am required to follow applicable state laws in this regard.

B. Right to Alternative Communications

I will contact you by telephone at work or at home, depending upon the time of day. Bills and other written correspondence will be sent to your home address. If you want me to contact you at an alternate telephone number or address, or do not want me to contact you at a certain number or address, I will make reasonable efforts to accommodate your written request.

C. Right to Request Restrictions

You have the right to request a restriction certain uses and disclosures of your PHI, for example, when used for disclosure for treatment, payment or healthcare operations. You must submit your request in writing to me. I will consider any restriction you may request, but am not required to agree to such.

D. Right to Accounting of Disclosures

Upon written request, you may obtain an accounting of certain disclosures of your PHI made by me on and after April 14, 2003. This right does not apply to disclosures for treatment, payment, or healthcare operations, disclosures made to you or otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment

You have the right to request that I amend your PHI. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice

You have the right to obtain a paper copy of this Notice at any time by contacting me to request one.

G. Right to Revoke an Authorization

You have the right to revoke a written authorization by submitting a written revocation request to me, signed and dated by you. I will provide you with a form to do so. A written revocation will only be effective on or after the date I actually receive it.

H. Questions and Complaints

If you have a question about my privacy practices or are concerned that I have violated your privacy rights, you may contact me in writing at the location specified on the first page of this Notice to bring such matters to my attention. I will carefully consider your complaint, and will respond to it. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services within 180 days of the suspected violation by me of your privacy rights, or later, if you demonstrate good cause. I will not retaliate against you if you file a complaint with the Office of Civil Rights or me.

III. Effective Date and Changes to This Notice

A. Effective Date

This Notice is effective on April 14, 2003.

B. Changes to This Notice

I may change the terms of this Notice at any time. If I change this Notice, I may make the new Notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new Notice. If I change this Notice, I will post the revised Notice in the waiting area of my office. You may also obtain any revised Notice by contacting me to request one.