

Healing Grace Counseling Services
133 West Boscawen Street, Suite 10
Winchester, VA 22601

Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE EXPLAINS HOW PERSONAL CLIENT INFORMATION CAN BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact Robert C. Brown, LPC at 540-686-7831.

This notice is a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how information pertaining to your medical and behavioral health history can be accessed and disclosed, with whom that information may be shared, and the safeguards put in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside our system except when that release is required or authorized by law or regulation.

This notice, effective 4/14/03, applies to all protected health information as defined by federal regulations.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide your signature acknowledging that you have received this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your rights to privacy. The services provided by Healing Grace Counseling Services are not conditional upon your signed acknowledgment. If you decline to provide a signed acknowledgment, I (Robert C. Brown, LPC) will continue to provide you treatment, and I will use and disclose your protected health information for treatment, payment, and health care operations only when necessary.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Healing Grace Counseling Services, a record of your visit will be documented. In accordance with the standards of the mental health profession, your record provides a diagnosis, description of your symptoms, results of any standardized assessments you are administered, treatment history, current procedures used, and plans for future care. This health or medical record serves as a:

- Basis for planning your care and treatment.

- Means of communication with other health professionals who contribute to your care.
- Legal documentation describing the care you received.
- Means by which you or a third-party payer (e.g., Health Insurance Company) can verify that services billed were actually provided.
- A tool in educating health officials charged with improving the health of our Nation and the Commonwealth of Virginia.
- A source of data for planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where and why others may access your information; and make informed decisions when authorizing disclosures.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Healing Grace Counseling Services, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request.
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communication of your health information by alternative means or at an alternative location.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent actions have already been taken.

OUR RESPONSIBILITIES

As the owner and sole practitioner of Healing Grace Counseling Center, I am required by law and the standard of practice regulating the Mental Health profession to:

- Maintain the privacy of your health information.
- Provide you with this notice outlining our legal duties and privacy practices with respect to information I collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if I am unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

I reserve the right to change my practices and make the new provisions effective for all protected health information I maintain. Should my information practices change, I will mail a revised notice to the address you've supplied us, or if you agree, I will email the revised notice to you.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue to use or disclose your health information if I receive a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information you may contact me at 703-405-2152. I can also be reached by e-mail at healinggracecounseling@hotmail.com.

If you ever come to believe that your privacy rights have been violated, you may file a complaint with me directly or with the Office for Civil Rights, U.S. Department of Health And Human Services. There will be no retaliation for filing a complaint. The address for the OCRs listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment.

For example: Information obtained by a mental health professional will be recorded in your record and used to determine the best course of treatment.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures, and treatment plan.

We will use your health information for regular health operations.

For example: I may use the information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services I provide.

Notification: I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your

location, and your general condition. I may leave a message on your answering machine or on voicemail as a means of communication. We may mail you a postcard or written notice as a means of communication.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, information relevant to his or her involvement in your care or payment related to your care.

Parental Access: Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. I will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

Research: I may disclose information to researcher when their research has been approved by an institutional review board that has reviewed their research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: I may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Fund raising: We may contact you as part of a fund-raising effort for Healing Grace Counseling Services.

Food and Drug Administration: I may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: I may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: I may disclose health information for law enforcement purposes as require by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that I have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients or public workers.