



Ripley Consulting, LLC VIRGINIA NOTICE FORM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

Ripley Consulting, LLC, 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 a healthcare organization provides, coordinates or manages your health care and other services. An example of treatment would be when the provider consults with another health care provider, such as your family physician or another psychologist.
 - 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 an agency, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of an agency, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

An agency 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 an agency is asked for information for purposes outside of treatment, payment and health care operations, the agency will obtain an authorization from you before releasing this information. The agency will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes the clinician has made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI. If you request in writing, at the first session that your PHI and psychotherapy notes be kept in separate files, the agency will maintain them in a separate file.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing.

III. Uses and Disclosures with Neither Consent nor Authorization

An agency may use or disclose PHI without your consent or authorization in the following circumstances:

- **Payment.** I may use and disclose your health information so that others or I may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, I may give information to your health plan so that they will pay for your treatment.
- **Health Care Operations.** I may use and disclose your health information to evaluate and improve psychological care and to operate and manage the office. For example, I may use and disclose information to a peer review organization or a health plan that is evaluating our care. I may also share information with others that have a relationship with you for their health care operation activities.
- **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** I may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives, or health-related benefits and services you could use.
- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, I may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). I may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
- **Research.** I may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, I may permit researchers to look at records

to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.

- **As Required by Law.** I will disclose your health information when required to do so by international, federal, state, or local law.
- **Child Abuse:** If clinicians have reason to suspect that a child is abused or neglected, they are required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If clinicians have reason to suspect that an adult is abused, neglected or exploited, they are required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should an agency be the focus of an inquiry.
- **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 the agency 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, the agency 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. If you can be located, you will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If the agency is engaged in professional duties and you communicate to a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and the clinician believes you have the intent and ability to carry out that threat immediately or imminently, they 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.
- **Worker's Compensation:** If you file a worker's compensation claim, the agency is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Business Associates.** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are now allowed to use or disclose the information for any other purpose than appears in their contract with us.
- **Military and Veterans.** If you are a member of the armed forces, we may release your health information if required by military command authorities. If you are a member of a foreign military we may release your health information to the foreign military command authority.
- **Public Health Risks.** I may disclose your health information for public health activities to prevent or control disease, injury, or disability. I may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. I may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If I am concerned that a patient may have been a victim of abuse, neglect, or domestic violence I may ask your permission to make a disclosure to an appropriate government authority. I will make that disclosure only when you agree or when required or authorized to do so by law.
- In the event that I would be unexpectedly unable to provide psychological care for you, a licensed provider colleague has been designated to inform you and provide referrals for your care. That colleague is Dr. Mark Yarhouse.

IV. Patient's Rights and Psychologist'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, the agency 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 seeing a clinician. Upon your request, the agency 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 your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The agency may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, the agency's staff 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. The agency may deny your request. On your request, the agency's staff will discuss with you the details of the amendment process.

- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, the agency’s staff 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 the agency upon request, even if you have agreed to receive the notice electronically.

Psychologist’s Duties:

The agency is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

The agency reserves the right to change the privacy policies and practices described in this notice. Unless the agency notifies you of such changes, however, the agency is required to abide by the terms currently in effect.

If the agency revises its policies and procedures, they will provide all current patients with a written copy of the revision to its policies and procedures at the time of your next appointment after the revisions are made, or by U.S. mail in the event that you are not available for receipt of the revisions in office.

V. Complaints

If you are concerned that the agency has violated your privacy rights, or you disagree with a decision they has made about access to your records, you may contact Jennifer Ripley, this agency’s Privacy Officer, at 757-352-4296.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect upon the opening of the business, Ripley Consulting LLC, January 2, 2012.

- 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 by the time of your next appointment after the revisions are made, or by U.S. mail in the event that you are not available for receipt of the revisions in office.

You will sign another agreement indicating you have received this information about your rights.