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NOTICE OF PRIVACY PRACTICES

This notice went into effect on August 15, 2022.

Health Insurance Portability and Accountability Act (HIPAA)

- I. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- II. LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.**

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. This notice explains when, why, and how I would use and/or disclose your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect August 15, 2022 and will remain in effect until further notice.

Definitions:

Health Information: Information created or noted by me that can be used to identify you. It includes your name, address, age, social security number, and any other identifying information about you or your past and present medical/psychological conditions.

Use of Health Information: Health information is used when I share, apply, utilize, examine, or analyze information within my practice.

Disclosure of Health Information: Health information is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice.

HIPAA requires that health information be kept confidential and prohibits the disclosure of health information unless the patient provides written consent for the information to be shared, except under certain circumstances. I am firmly committed to the privacy of my patients and strictly adhere to the requirements of HIPAA.

Please note that I reserve the right to change the terms of this Notice currently in effect and my privacy policies as described in this Notice at any time as required by law. Before making any important changes to my policies, I will post a new copy in my office and make the new Notice available upon request. You may request a copy of this Notice at any time.

- III. USES AND DISCLOSURES OF HEALTH INFORMATION**

I may use and disclose your health information for various reasons. Most of these uses will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, together with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations that DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.

1. **Treatment:** I may disclose your health information to physicians, psychiatrists, and other licensed health care providers who provide you with health care service or are otherwise involved in your care. (Even though I can disclose this information without your consent, except for an emergency, I will always ask for your permission in writing prior to any such consultation.)
2. **Health Care Operations:** I may use and disclose your health information to facilitate the efficient and necessary operation of my practice. Such health care operations may include quality control (e.g., dealing with my attorney, accountant, practice consultants and others to ensure that I am in compliance with all applicable laws), certification, licensing, or credentialing activities. To the extent possible, it is my practice to conceal all client names to maintain confidentiality. However, there is still a possibility that your health information may be audited for such purposes.
3. **Payment:** I may use and disclose your health information to bill and collect payment for the treatment and services that I have provided to you. For example, I may be required to send your health information to your insurance company or health plan in order to get payment for the health care services that I have provided to you. Also, I may need to provide your health information to billing companies or claims processing companies, if either you or your insurance carrier are not able to stay current with your account. (In this latter instance, I will do my best to reconcile this with you first, before involving an outside agency.)
4. **Emergency Treatment:** I may use and disclose your health information without your consent if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me, i.e., you are unconscious or in severe pain, I will exercise my professional judgment to determine whether the disclosures are in your best interest. If this is the case, I will disclose only the confidential information that is directly relevant to my involvement with your health care.

B. Other Uses and Disclosures that DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.

1. **Legal Requirement.** I may disclose health information to the appropriate officials when such disclosure is required by federal, state, or local law, or judicial board, administrative proceeding, or law enforcement.
2. **Court Order.** I may disclose health information if such disclosure is compelled by a party to a proceeding before a court of an administrative agency, pursuant to its lawful authority. (Please note that a court order can be appealed. Although I cannot guarantee that an appeal will be sustained, I will do everything in my power to keep what you say to me confidential.)

3. **Search Warrant.** I may disclose health information if such disclosure is required by a search warrant lawfully issued by a governmental law enforcement agency.
4. **Patient's Request.** I may disclose health information if such disclosure is compelled by the patient or the patient's representative pursuant to Virginia Health and Safety Codes or to federal statutes or regulations.
5. **To Avoid Harm to the Public.** I may disclose health information to law enforcement personnel or persons able to prevent a serious threat to the health or safety of a person or the public.
6. **To Avoid Harm to Yourself.** I may disclose health information if such disclosure is compelled or permitted because you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent threatened danger.
7. **To Avoid Harm to Others.** I may disclose health information if such disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
8. **Child Abuse or Neglect.** I may disclose health information if such disclosure is mandated by the Virginia Child Abuse and Neglect Reporting Law. Example: I have a reasonable suspicion of child abuse or neglect.
9. **Elder/Dependent Adult Abuse.** I may disclose health information if such disclosure is mandated by the Virginia Elder/Dependent Adult Abuse Reporting Law. Example: If I have a reasonable suspicion of elder abuse.
10. **Public Health Activities.** I may disclose health information if such disclosure is permitted or compelled for public health purposes. Example: In the event of your death, I may need to give the County Coroner information about you.
11. **Health Oversight Activities.** I may disclose health information if such disclosure is required by the appropriate government agency. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. **National Security.** I may disclose to military authorities health information of Armed Forces personnel and veterans under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may also disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.
13. **Research Purposes.** In certain circumstances, I may provide health information in order to facilitate medical research required by an outside entity. If I were required to participate in this research, I would notify you prior to any such activity and do my best to protect your information.
14. **Worker's Compensation.** I may provide health information to comply with Worker's Compensation laws.

15. Arbitration Request. I may be compelled to provide health information to an arbitrator or arbitration panel when arbitration is requested by either party pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in an arbitration procedure. (This situation would only apply if ordered by a judge. As described above (#2, Court Order), I would appeal any such request.)

16. Appointment Reminders. I may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters), or information about alternative health-related benefits and services that might be of interest to you. This would not require divulging your health information to any other entity.

C. USES & DISCLOSURES TO WHICH YOU HAVE AN OPPORTUNITY TO OBJECT.

1. Family and Friends. I may disclose to a family member, other relative, or other person who you indicate is involved with your care or responsible for the payment of your health care, unless you request that such disclosure not occur. Retroactive consent may be obtained in emergency situations. (Under most circumstances, I will get your written permission prior to any such disclosure.)

D. USES & DISCLOSURES NOT SPECIFIED REQUIRE YOUR PRIOR WRITTEN CONSENT.

In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your health information. Even if you have signed an authorization to disclose your health information, you may later revoke that authorization, in writing, to stop any future uses and disclosures, assuming that I have not taken any action subsequent to the original authorization of your health information.

IV. PATIENT RIGHTS

A. Access to Confidential Information. You have the right to see or get copies of your health information in my possession, *except for psychotherapy notes and information compiled in reasonable anticipation of legal action or proceeding*, among other limited exceptions. All requests for health information must be made in writing. You will receive a response from me within 30 days of receiving your written request. If I do not have the health information you request, but I know who does, I will advise you how you can get it. Under certain circumstances, I may deny your request, but if I do, I will give you the reasons for such denial in writing. For instance, requests may be denied if disclosing the requested information would *reasonably endanger the life or physical safety of you or another person, or cause substantial harm to you or another person*. If you request copies of your health information, I will charge you \$.25 per page plus postage if you want the copies mailed to you. If you request an alternative format that is feasible for me to produce, I will charge a cost-based fee for providing your health information in that format. If you prefer, I will prepare a summary or explanation of your health information for a fee, which would be agreed to in advance.

- B. Restrictions on Uses and Disclosures.** You have the right to request that I place additional restrictions on my use or disclosure of your health information. Although I am not required to agree to these additional restrictions, I will consider your request, and if I agree, I will abide by our agreement (except in emergency situations).
- C. Alternative Communication.** You have the right to request that I communicate with you about your health information by alternative means (for example, via email instead of regular mail), or to alternative locations (for example, sending information to your work address rather than your home address). You must make your request in writing. I will comply with your request provided that I can give you your health information in the format requested, without undue inconvenience.
- D. Amendment.** If you believe that there is some error in your health information or that important information has been omitted, you have the right to request that I amend your health information. Your request must be in writing and it must explain why the information should be amended. I may deny your request under certain circumstances, such as if I find that your health information is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial would be in writing and would state the reasons for the denial. My letter must explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request, and my denial, be attached to any future disclosures of your health information. If I approve your request, I will make the change(s) to your health information. In addition, I will tell you that the changes have been made and I will advise all others who need to know about the changes to your health information.
- E. Disclosure Accounting.** You have the right to receive a list of instances in which I disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities (including disclosures made for national security purposes or made to corrections or law enforcement personnel) for the last 7 years, but not before August 15, 2022. I will respond to your request within 60 days of receiving your request. The list will include the date of the disclosure, to whom the health information was disclosed (including the address if known), a description of the information disclosed, and the reason for disclosure. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for responding to these additional requests.

V. QUESTIONS AND COMPLAINTS

- A. Questions.** If you want more information about my privacy practices or have questions or concerns, please contact me.
- B. Complaint about Privacy Practices.** If you are concerned that I may have violated your privacy rights, or if you disagree with a decision I made about access to your health information, you are entitled to file a complaint with me either by phone or in writing. My contact information is located at the top of this Notice. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. I support your right to the privacy of your health information. If you choose to file a complaint with me or with the U.S. Department of Health and Human Services, I will not retaliate in any way.