



## 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.

IF YOU HAVE ANY QUESTIONS OR REQUESTS, PLEASE CONTACT STRONG ROOTS COUNSELING, INC, 857-304-4025

For more information about your rights and HIPAA go to <http://www.cms.gov/hipaa/> HIPPA general information or write to: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850 or call 877-267-2323.

**STRONG ROOTS COUNSELING (SRC, Inc) has a legal duty to protect health information about you.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). SRC, Inc understands that your medical information is personal to you, and SRC, INC is committed to maintaining the privacy of your PHI. This notice describes how your PHI may be used and disclosed in accordance with applicable law and the NASW Code of Ethics. It also describes how your rights regarding how you may gain access to and control your PHI.

SRC, INC creates paper and/or electronic medical records about your health, the care for you, and the services and/or items provided to you as a patient. SRC, INC needs this record to provide for your care and to provide for certain legal requirements.

SRC, INC is required by law to:

- Make sure that the PHI about you is kept private;
- Provide you with a Notice of my Privacy Practices (NPP) and your legal rights with respect to PHI about you;
- Follow the conditions of the Notice that is currently in effect. A) How SRC, INC may use and disclose Protected Health Information (PHI) about you (with and without consent)

The following categories describe different ways that SRC, INC uses and discloses PHI that SRC, INC has and shares with others. Each category of uses or disclosures provides an explanation and provides some examples of uses. The explanation is provided for your general information only. ***Some additional helpful definitions: "Treatment, Payment and Health Care Operations***

**Treatment** is when SRC, INC. provides, coordinates or manages your health care and other services related to your health care. This could include consultations or contact with a family physician or another health care provider.

**Payment** is when SRC, INC. obtains reimbursement for your healthcare, if you are using your insurance. Health Care Operations are activities that relate to the performance and operation of this practice. Examples are quality assessment, improvement activities, business related matters, licensing, case management and care coordination. "Use" applies only to activities within the SRC, INC. office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you. "Disclosure" applies to activities outside of the office such as releasing, transferring or providing access to information about you to other parties. "**Psychotherapy Notes**" means "notes recorded by a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical record."

"**Progress notes,**" which are part of PHI include information regarding medication prescription and monitoring, counseling session 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, the treatment plan, symptoms, prognosis, and progress to date.

1. SRC, INC. may use and disclose PHI about you to provide health care treatment to you. SRC, INC. may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. In addition, we may use and disclose PHI about you when consulting with or referring you to another provider, such as a psychiatrist or health care professional. SRC, INC. may also disclose medical information about you to other people outside the practice who may be involved in your care after you leave the practice. This may include your family members, or other personal representatives authorized by you or a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent). SRC, INC. 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 disclosure. In the instance that this information is requested, you will be asked to provide an authorization before this information is released. An authorization would also need to be obtained before releasing any "psychotherapy notes." These notes are given a greater degree of protection than PHI and a specific authorization for the release of psychotherapy notes is required. Specific authorization for the release of psychotherapy notes is not required in the following circumstances: use in treatment, training programs, to defend SRC, INC. in a legal action brought by the patient, purposes of oversight agencies to review compliance with HIPPA, to a coroner or medical examiner and in instances of permissible disclosure related to a serious or imminent threat to the health or safety of a person or the public. SRC, INC. recognizes that a patient may revoke an authorization at any time provided each revocation is in writing. You may not revoke an authorization to the extent that SRC, INC. or another entity has relied on that authorization or the authorization was obtained as a condition of obtaining insurance coverage. All valid authorizations, limitations, restrictions and rescissions of such authorization are maintained as part of the PHI and recorded in the accounting of releases.

2. SRC, INC may use and disclose PHI about you to obtain payment for services.

Generally, SRC, INC may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. For example, SRC, INC may need to give your health plan(s) information about your condition, including diagnosis and treatment plan for you to obtain reimbursement from your insurance company for services provided by SRC, INC. SRC, INC may provide the same information to the monitoring bodies, which review your care. SRC, INC may also share portions of your medical information with collections departments or agencies, consumer reporting agencies or an attorney if necessary to obtain payment. If it becomes necessary to use collection processes due to lack of payment for services, CV will only disclose the minimum amount of PHI necessary for purposes of collection.

3. SRC, INC may use and disclose your PHI for health care operations. SRC, INC may use and disclose PHI in performing the business activities, which are referred to as "health care operations". These allow SRC, INC to improve the quality of care, coordinate care with other providers and cooperate with outside organizations that assess the quality of care.

4. SRC, INC may use and disclose PHI under other circumstances without your consent or authorization. SRC, INC may use and disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. This is as permitted by HIPPA, in accordance with state and other laws and ethical standards. Those circumstances include:

#### Abuse, Neglect and Domestic Violence

If SRC, INC suspects or has good faith reason to believe that any child, or aged or incapacitated adult (including adults with disabilities) has been subject to abuse, neglect or exploitation or self-neglect, it will be reported to the appropriate agency as required by Virginia State Law. If SRC, INC suspects or has good faith reason to believe that any individual is involved in a situation with domestic violence, it will be also be reported to the appropriate agency as required by Virginia State Law.

**Judicial and Administrative Proceedings** If you are involved with a court proceeding, lawsuit or dispute, SRC, INC may disclose medical information about you in response to a court or administrative order. Medical information may also be disclosed in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. SRC, INC shall attempt in these cases to inform you about the request so that you may obtain an order protecting the

information requested, should you choose to do so. SRC, INC may also use this information to protect itself and its staff in any actual or threatened action.

Deceased Persons Health records of a deceased individual can be released to the personal representative or executor of the deceased individual. Additionally, the medical examiner for the county or city in which the death occurs is to be notified in the following situations: Upon the death of any person from trauma, injury, violence, poisoning, accident, suicide or homicide, or suddenly when in apparent good health, or when unattended by a physician, or in jail, prison, other correctional institution or in police custody, or who is a patient or resident of a state mental health or mental retardation facility, or suddenly as an apparent result of fire, or in any suspicious, unusual or unnatural manner, or the sudden death of any infant less than eighteen months of age whose death is suspected to be attributable to Sudden Infant Death Syndrome (SIDS).

Emergencies Emergency situations may arise in which it is impractical to obtain an individual's written authorization.

Health Oversight SRC, INC may disclose PHI about you to a state or federal health oversight agency, which is authorized by law to evaluate the adequacy or quality of professional services or the competency and qualifications for professional staff. Examples of this include: the Virginia Department of Health Professions, the office of the Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, the office of the Secretary of the Department of Health and Human Services or the Commissioner of the Department of Labor and Industry (in cases where a patient has suffered an injury or death).

Law Enforcement and National Security SRC, INC may disclose PHI about you to law enforcement officials to licensed emergency medical services agencies if you are the victim of a crime or if you have been arrested and have received emergency medical services or refused emergency medical services and the health records are required. This also includes disclosures to law enforcement for national security purposes.

Public Health SRC, INC may disclose PHI about you as required by an authorized governmental agency as necessary to the coordination of prevention and control of disease, injury, or disability and delivery of such health care benefits. Also to the state health commissioner when such records are of an individual who is subject to a quarantine or isolation order or if a person is known to have been exposed to or infected with or reasonably suspected to have been exposed to or infected with a communicable disease of public health threat.

Public Safety SRC, INC may disclose PHI about you if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat as well as the police department closest to your residence or the residence of the target of the threat. It may also be required to obtain your civil commitment to the state mental health system.

5. You can object to certain uses and disclosures. Unless you object, SRC, INC may use or disclose PHI about you in the following circumstances:

- SRC, INC may share with a family member, relative, friend or other person identified by you, your location or general condition. This may involve PHI related to that person's involvement in your care or payment for your care, as identified on your intake form.
- SRC, INC may share with a public or private agency (ex: American Red Cross) PHI about you for disaster relief purposes. Even if you object, SRC, INC may still share PHI about you, if necessary for the emergency circumstances.
- If you would like to object to the use or disclosure of PHI about you in the above circumstances, *please inform SRC, INC in writing of your objections.*

6. SRC, INC may contact you to provide appointment reminders. SRC, INC may use or disclose medical information to contact you as a reminder that you have an appointment for medical care. This contact may be by phone, in writing, or otherwise and may involve the leaving of a message with the person answering your phone, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

7. Under any circumstances than those listed above, SRC, INC will ask for your written authorization before using or disclosing PHI about you. This authorization would need to be directed to a specific individual or agency and include

specification of the nature of PHI to be communicated and the period during which such authorization will be in force. If you sign a written authorization, you can later cancel your authorization in writing. If you cancel your authorization in writing, SRC, INC will not disclose PHI about you, except for disclosures, which were being processed before receiving the cancellation.

#### YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI SRC, INC maintains about you. To exercise any of these rights, please submit your request in writing to the Privacy Officer, SRC, Inc, LCSW at 19441 Golf Vista Plaza, Suite #110 Lansdowne, VA 20176.

Any other use or disclosure of PHI about you requires your written authorization.

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request a restriction or a limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. SRC, INC is not required to agree to your request. To request restrictions, you must make your request in writing and you must include:

- what information you want to limit;
- whether you want to limit my use, disclosure or both; and
- to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.) Once any such restriction is agreed upon, it may not be violated except under emergency conditions. A restriction must be rescinded in writing with your signature or the signature of a guardian. A restriction is not effective to prevent uses and disclosures when a patient requests access to his or her records or requests an accounting of disclosures. A restriction is not effective for any uses and disclosures authorized by the patient, or for any uses and disclosures required or permitted uses recognized by law.

2. You have the right to request confidential communication. You have a right to request that communications with you about medical matters are done in a certain way or at a certain location. For example, you may not want a family member to know that you are being seen at SRC, INC and you can request that you be contacted at a work phone number. This request must be submitted in writing.

3. You have the right to inspect and copy PHI about you. You have the right to inspect or obtain a copy (or both) of PHI in SRC, INC's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Instead of providing you with a full copy of the PHI, SRC, INC may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. This request must be in writing. There are certain situations in which SRC, INC is not required to comply with your request. Under these circumstances, SRC, INC will respond to you in writing, stating why your request will not be granted and describing any rights you may have to request a review of the denial.

4. You have the right to request amendment of PHI about you. If you feel that the medical information I have about you in your record is incorrect or incomplete, then you may ask to have the information amended. To request an amendment, your request must be submitted in writing along with your intended amendment and a reason that supports your request to amend. The amendment must be signed by you and dated. SRC, INC may deny your request for an amendment and will inform you in writing the reasons for the denial and describe your rights to give a written statement disagreeing with the denial. If SRC, INC accepts your request to amend the information, reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment will be made.

5. You have the right to a listing of disclosures we have made. You 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). Your request must be in writing and state a time period no longer than six (6) years back and may not include dates before March 30, 2015. Your request should indicate in what form you want the list (for example, on paper, electronically). SRC, INC will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Copies of all such requests are maintained as part of the PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period. SRC, INC must temporarily

suspend the provision of an accounting of disclosures at the request of a health oversight agency or law enforcement official for a time specified by such agency or official. The agency or official should provide a written statement that such an accounting would be “reasonably likely to impede” activities and the amount of time needed for suspension. However, the agency or official statement may be made orally, in which case SRC, INC will document the statement, temporarily suspend the accounting, and limit the temporary suspension to no longer than 30 days, unless a written statement is submitted.

SRC, INC is required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes *described in subsection A.5 above*
- Allowed by law when the use and/or disclosure related to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (*please see subsection A.4 above*) and
- As part of a limited set of information which does not contain certain information which would identify you.

6. You have the right to a copy of this Notice. You have the right to a paper copy of this notice. You may ask SRC, INC to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Updates to this notice will be made available to you in the location where we meet.

#### COMPLAINTS

**If you believe SRC, INC has violated your privacy rights, you have the right to file a complaint in writing to SRC, Inc, Privacy Officer at 124 Watertown Street, 3G, Watertown MA 02472 or with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S. W., Room 509F, HHH Building, Washington, DC 20201, email: [ocrmail@hhh.gov](mailto:ocrmail@hhh.gov), or by calling (202) 619-0257**

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED FOR FILING A COMPLAINT.**