

Newman Avenue Associates 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 THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information is called Protected Health Information. Specifically, Protected Health Information (PHI) is health, services, payment, insurance, or other information that identifies the individual or could reasonably be used to identify the individual. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our *Notice of Privacy Practices* at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy in our waiting rooms, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. **For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. The following are examples of Release Without Authorization:

1. Threat to harm others: Code of Virginia § 54.1-2400.1 B.
2. Child Abuse: Code of Virginia § 63.2-1509.
3. Adult Abuse: Code of Virginia § 63.1-55.3.
4. Health Oversight: Code of VA § 54.1-3500, § 54.1-3700, and § 54.1-3600, (Code of VA § 54.1-2400.4).
5. Subpoena Duces Tecum:
6. Subpoena or Testimony regarding Criminal Proceedings: Code of Virginia § 8.01-400.2
7. Worker's Compensation.
8. Disclosures to Law Enforcement.
9. Limiting or Denying Access to Records.
10. Federal Substance Abuse Confidentiality Law 42 CFR Part 2. This federal law preempts HIPAA.

Disclosures of PHI with Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

1. Clients may *request* restrictions of uses and disclosures of information about treatment, payment or health care operations. However NAA is *not required* to agree to a restriction and may decide not to accept the restrictions and not to treat the individual.
2. Clients may make *reasonable requests* for NAA to accommodate contacting the client and communicating with the client by specific alternative means or locations. This request must be noted at the initial intake session in writing. If additional expense is involved the client bears the full responsibility for those additional charges. Under HIPAA rules NAA *may not require* the client to explain the reason for the request.
3. Clients may inspect their Protected Health Information except for psychotherapy notes and information compiled in reasonable anticipation of legal action or proceedings.
 - A. A health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
 - B. The information makes reference to another person (unless such other person is a health care provider) and the health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
 - C. The request for access is made by the client's personal representative and the health care provider has determined, in the exercise of professional judgment, that the provision of this information to the personal representative is reasonably likely to cause substantial harm to the client or another person. Any denial by NAA may be reviewed by the NAA Privacy Officer at the client's written request.
4. Clients have a right to amend Personal Health Information held by NAA. NAA may deny a client's request for amendment, if NAA determines that: the information that is the subject of the request was not created by NAA, or it is not part of the confidential record, or it would not be available for inspection under number 3 above; or it is accurate and complete.
5. NAA clients have a right to receive an accounting of disclosures of their Protected Health Information. NAA will maintain client records for 6 years beginning from the date NAA services began for each client or from April 14, 2003, whichever is later. A record of disclosures does not have to be made when those disclosures are to: carry out treatment, payment and health care operations; to individuals of confidential information about themselves, as a result of a signed authorization, for national security or intelligence purposes, or, to correctional institutions or law enforcement officials, to persons involved in the individual's care, for the practice's directory (NAA does not maintain a directory).
6. All NAA clients, including an individual who has agreed to receive the NAA Notice of Privacy Practices electronically, have a right to receive a paper copy of the NAA Notice of Privacy Practices.

NAA- HIPAA Contact Person and Procedures for Complaints

HIPAA regulations require each health care provider/entity to identify a Privacy Officer for the entity. NAA's Privacy Officer is: **Jenny Kuszyk, LPC, 110 Newman Avenue, Harrisonburg VA 22801.**

1. NAA clients may make a complaint about any provision of this Notice that they feel has not been implemented to protect their PHI. The procedure for making a complaint of noncompliance with NAA Notice of Privacy Practices is as follows:
 - A. Verbally share the complaint with your treating therapist. If unresolved,
 - B. Put the complaint in writing and present the written complaint to your therapist. If the complaint is still unresolved, then submit a copy of the written complaint to the NAA HIPAA Contact Person listed above.The Privacy Officer has 30 days to make a written response to the client's complaint. If the issue continues to be unresolved then the client may make a complaint to the Secretary of the U. S. Department of Health and Human Services at the following, U. S. Department of Health and Human Services, 200 Independence Avenue, S. W., Washington, D. C. 20201, Telephone: 202 619-0257, Toll Free: 1-877-696-6775
2. HIPAA regulations specifically require that no individual will be retaliated against for filing a complaint.
3. All NAA staff will comply with the requirements of the Health Insurance Portability and Accountability Act.
4. NAA will promptly revise and distribute its revised "Notice" whenever there is a material change to the use or disclosures, the individual's rights, the legal duties of NAA, or other privacy practices addressed in the Notice. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected.