



608 Westwood Office Park, Fredericksburg, VA 22401
☀ Phone (877) 582-6363 ☀ Facsimile (540) 710-5523

Notice of Privacy Practices

To our Clients: 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. This notice is required by the Privacy Regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our Agency is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and to provide you with this notice of your rights and our obligations with respect to such data. We must follow the privacy practices that are described in this Notice while it is in effect. This revised notice takes effect (07/01/05), and will remain in effect until replaced. We reserve the right to change the terms of this Notice provided such changes are permitted by applicable law. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as information we receive in the future. The new Notice stating all changes in privacy practices will be available upon request and will be posted in our office with the new effective date. We realize that these laws are complicated, but we must provide you with the following important information:

I. Use and disclosure of your health information

We use and disclose health information about you for your treatment, payment and our healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our Agency operations. Healthcare operations include quality assessment and improvement opportunities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, utilizing business associates (such as accounting or billing agencies), accreditation, certification, licensing or credentialing activities.

II. Uses and disclosures to which you have the prior opportunity to agree or disagree:

We are permitted to release your health information to a close friend, family member or other individual who is involved in your medical care, or who helps pay for your care, if (i) the information is directly relevant to the person's involvement with your care, and (ii) you have either agreed to the disclosure or have been given an opportunity to object and have not objected. We are not required to give you the opportunity to agree or object to disclosure if your condition prevents you from doing so and we determine that disclosure is in your best interests. We may also disclose health information to notify your family members, personal representative(s) or other person(s) responsible for your care of your location or condition. If you object to the use and disclosure of your health information described in this Section, please notify Anne T. Henley, LCSW, Agency Director in writing at 608 Westwood Office Park Fredericksburg VA 22553.

III. We may use or disclose your health information without your consent under the following circumstances:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

9. For appointment reminders (such as voicemail messages or letters) and to inform you of (a) treatment options or alternatives or (b) health-related benefits or services that may be of interest to you.
10. To a coroner or medical examiner, as authorized by law.

IV. Your rights regarding your health information

1. You can request in writing that our Agency communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate all reasonable written requests.
2. You can request in writing a restriction in our use or disclosure of your health information for treatment, payment or health care operations. We are not required to agree with your request but will notify you promptly of our decision.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including Client medical records and billing records. You must submit your request in writing to Anne T. Henley, LCSW, Agency Director at 608 Westwood Office Park Fredericksburg, VA 22401.
4. You may ask us to amend your health information if you believe it is incorrect, inaccurate, incomplete or not timely, and as long as the information is kept by or for our Agency. To request an amendment, your request must be made in writing and submitted to Anne T. Henley, LCSW, Agency Director at 608 Westwood Office Park Fredericksburg 22401. You must provide us with a reason that supports your request for amendment. We will respond in writing within sixty (60) days and notify you of your additional rights at that time.
5. You have the right to request an “accounting,” or list, of all disclosures of your health information *other than* disclosures that are (i) made at your request or authorized in writing by you; (ii) described in Sections I or II of this Notice; (iii) made for national security or intelligence purposes; or (iv) made to law enforcement officials. Your request for an accounting must be submitted in writing to Anne T. Henley at the address set forth above. We are not required to list disclosures occurring before April 14, 2003 or more than six (6) years prior to the date of your request. We will respond to all requests under this paragraph within sixty (60) days by either (a) providing you with the requested accounting, or (b) notifying you in writing our inability to respond within 60 days and of the date on which you may expect a response. If you request more than one accounting within a twelve (12) month period, we will impose a fee to cover our costs in providing the requested information.
6. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain an additional copy of this notice, please contact Anne T. Henley at the address set forth above.
7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our Agency or with the Secretary of the Department of Health and Human Services (“DHHS”). To file a complaint with our Agency, contact Anne T. Henley at the address set forth above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. Right to provide an authorization for other uses and disclosures. Our Agency will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
9. You also have the right to revoke any authorization provided under paragraph 7, above, by notifying Anne T. Henley in writing at the address set forth above.

V. Other Requirements with respect to Health Information:

1. **Minimum Necessary Standard.** When using or disclosing health information or when requesting health information from another covered entity, we are required to make reasonable efforts not to use, disclose or request more than the minimum amount of information necessary to accomplish our intended purpose, taking into account practical and technological limitations. The “minimum necessary” standard described in this paragraph does not apply to: (i) disclosures to or requests by a health care provider for treatment purposes; (ii) disclosures made to or authorized by you; (iii) disclosures to DHHS; or (iv) uses or disclosures that are required by law or for us to comply with the law.
2. **Personal Representatives.** You may generally exercise your rights through a personal representative, who will be required to produce evidence of his/her authority to act on your behalf before being given access to your health information or allowed to take any action for you. Proof of authority may take the following forms: (a) a power of attorney for health care purposes, notarized by a notary public; (b) a court order appointing the person as your conservator or guardian; (c) an individual who is the parent of a minor child; or (d) any other form permitted by Virginia law. We retain the discretion to deny access to health information to a personal representative in order to protect any person who depends on others to exercise his or her rights and who may be subject to abuse or neglect.

If you have any questions regarding this notice or our health information privacy policies, please contact Anne T. Henley, LCSW, Agency Director at the address provided above or by telephone at 877-582-6363.

I hereby acknowledge that I have been presented with a copy of Family Solutions’ Notice of Privacy Practices.

Signature or Legally Authorized Representative: _____ Date: _____

For Office Staff Use Only:

The client refused to accept/refused to acknowledge in writing receipt of Family Solutions’ Notice of Privacy Practices.

Signature of Family Solutions Representative: _____

Print Name: _____ Date: _____