

# PC&CC & The Imago Center

## Notice of HIPAA Policy and Practices

### Protected Health Information

PC&CC/The Imago Center must maintain patient confidentiality as required by applicable federal, state and local laws. PC&CC/The Imago Center is also required to establish a consistent process when there is a request for patient information from law enforcement authorities. When using, disclosing or requesting protected health information (PHI), every reasonable effort shall be utilized to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. PC&CC/The Imago Center will take steps to ensure that the appropriate actions are taken to properly identify and secure all individuals' PHI.

The following individually identifiable health information will be designated as PHI within PC&CC/The Imago Center to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996:

- A. Information that relates to the past, present, or future physical or mental health conditions of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; specifically including such information in verbal, written, or electronic form.
- B. Names.
- C. Address information
- D. Telephone numbers.
- E. Fax numbers.
- F. Social Security numbers.
- G. Health plan beneficiary numbers.
- H. Full face photographic images and any comparable images.
- I. Any other identifying number, characteristic, or code used to identify an individual.

When you visit a health care provider, you give information about your physical and mental health. The law identifies this information as PHI. This information goes into your medical or health care record or file. With your written consent, the healthcare provider can use your PHI to provide treatment, process for payment, and administer healthcare operations (TPO).

Primary uses and disclosures of PHI include:

- A. *Treatment*: Once you give consent and your treatment begins the information you give about yourself may be used by PC&CC/The Imago Center staff members or disclosed to other

# *PC&CC & The Imago Center*

health care professionals. Example: contact with past counselors, current or past physicians, or other treatment facilities, with written consent from the client.

- B. Payment:** The information you give PC&CC/The Imago Center about yourself may be used to seek payment from your health plan or from other sources of coverage. Example: your health insurance company may request and receive information on dates of service, the services provided, and the diagnosis and symptoms of the mental health condition being treated.

## **OTHER DISCLOSURES**

The following are descriptions of some other possible ways in which PC&CC/The Imago Center may be required or permitted by law to use or disclose your PHI. Law enforcement authorities are not covered entities for the purposes of HIPAA compliance. Therefore, PC&CC/The Imago Center shall abide by disclosure restrictions as provided by law and regulation.

### **Mandatory Disclosure Laws**

- A. PC&CC/The Imago Center shall disclose PHI to law enforcement personnel and designated protected service personnel pursuant to the mandatory disclosure laws related to victims of child or adult abuse, neglect, or domestic violence.
- B. PC&CC/The Imago Center is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- C. PC&CC/The Imago Center shall disclose PHI to law enforcement personnel or medical, hospital, or psychiatric hospitalization services in the event of a current or recent (recent defined as within 2 weeks) suicide attempt.

### **Court Orders or Warrants**

PC&CC/The Imago Center may disclose PHI to law enforcement in compliance with and limited by relevant requirements (the information sought is relevant and material to a legitimate law enforcement inquiry, and the request is specific and limited in scope to the extent reasonably practicable in the light of the purpose for which the information is sought and de-identified PHI information could not be reasonably used) of a:

1. Signed Court Order
2. Signed Court-Ordered Warrant
3. Signed Subpoena
4. Summons issued by Judicial Officer
5. Crime occurs on the premises

## *PC&CC & The Imago Center*

6. Threat to health and safety: PC&CC/The Imago Center may disclose PHI in conformance with ethical standards, in good faith, and in compliance with applicable law, to avert serious threat to health and safety of the person, counselor, teacher, family member, or to the public, as is necessary for law enforcement authority to identify or apprehend an individual:
- a. Because of a statement of admission of violent crime that may have caused serious physical harm to a victim.
  - b. Because of the individual appears to be an escapee from a correctional institution or lawful custody.
  - c. For purposes of national security and lawful intelligence of the National Security Act.
  - d. As required by protective services for the President and other under Secret Service Protection.

### **Designated Authority:**

In the event of a concern over improper disclosure, please contact the following staff member at PC&CC/The Imago Center: Carl Siegel PhD, 202-449-3789.

### **Court Appearance and Out of the Office Consultations:**

PC&CC/The Imago Center do not provide court/custody evaluations and will not appear in court to testify in divorce/legal/custody cases unless subpoenaed. If your counselor is required to appear in court on your behalf, you are responsible to pay them an hourly rate of \$250 and are also responsible for paying for any court/legal fees they accrue during this process.

At your request, your counselor can attend consultations outside of therapy, such as, teacher/school meetings, doctor meetings, etc. Please know that you will be charged your counselor's hourly rate including travel time.

### **Duties of PC&CC/The Imago Center**

PC&CC/The Imago Center is required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We are required to abide by the privacy policies and practices that are outlined in this notice. All members of our staff are obligated to respect your confidentiality and privacy as outlined in this notice. Similarly, any of our business associates who have contact with your PHI (such as a third party billing company) are obligated to respect your confidentiality and privacy in accordance with this notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations.

### **Your Rights:**

## *PC&CC & The Imago Center*

You have certain rights under the federal privacy standards. These include:

**Right to Request a Restriction:** You have a right to request a restriction on the PHI we use or disclose about you for payment or healthcare operations. We will comply with the restriction unless the information is needed to provide emergency treatment to you and as long as it allows us to comply with the law. You may request a restriction by writing, or completing our form for the purpose. In your request tell us: 1) the information you want to limit and 2) how you want to limit our use and /or disclosure of the information.

**Right to Request Confidential Communications by Alternative Means:** If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or an alternative location. For example, you can request that we only contact you at work.

**Right to Inspect and Copy:** As permitted by federal regulation, we require that requests to inspect, copy, or release PHI be submitted in writing. You may obtain a form to request access to your records by contacting your therapist at 703-534-5100. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other costs associated with your request. Please note that the law does not guarantee you the right of access to, or possession of a mental health therapist's personal or psychotherapy notes. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

**Right to Amend:** If you believe that your PHI is incorrect or incomplete, you may request in writing that we amend your information. Your written request should include the reason the amendment is necessary. In certain cases, we may deny your request for the amendment. If we deny your request, you have the right to file a statement of disagreement with us. Your statement

## *PC&CC & The Imago Center*

of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**Right of an Accounting:** You have the right to receive an accounting of most disclosures of your PHI for reasons other than payment, treatment, or healthcare operations. This accounting will not include disclosures for which you provided an authorization. An accounting will include the date(s) of the disclosure. We are permitted to charge you for the cost of producing the list.

**Rights for Confidentiality in Substance Abuse Treatment:** You may have additional rights of confidentiality under 42 CFR Part 2. Ask for a special authorization form, if you wish.

**Right to Receive a Printed Copy of the Notice:** You have a right to receive a printed copy of this notice.

I have read and understand Sunstone Counseling Notice of Practice and Statement of Policies, as well as the Notice of HIPAA Policy and Practices. Please sign below and return this form to your counselor.

Client's Name (printed) \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian if client is a minor \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent/guardian if client is a minor) Date