

NORTHERN VIRGINIA INTEGRATIVE THERAPY CENTER

HIPPA POLICY

The privacy of your therapeutic/health information is important to us and we are committed to protecting it. On file are the forms you initially completed and records of disclosed as well as your rights.

Notice of Privacy Policy Effective January 1st, 2014

We value you as a client and respect your right to privacy. We pledge our commitment to treating your information responsibly. We restrict access to your health information within Northern Virginia Integrative Therapy Center, Inc. to those employees and contractors who need to know in order to provide appropriate treatment or services to you or to conduct business on your behalf. This notice describes how health information about you may be used and disclosed as well as your rights. This notice of health privacy policy is written in application to conducting a counseling practice.

Use and Disclosure of Your Personal Health Information

There are a number of situations in which we may use or disclose to other persons or entities your confidential health information. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your health records to accomplish the intended purpose of the disclosure.

Only Under A Signed Release

1. Treatment: It may be necessary to share your health information with another healthcare provider who we need to consult with in respect to your care. We do not disclose this information without your signed permission. A "Release Form" is provided for you to complete and sign and then with your permission the health care provider is contacted.

Disclaimer: In the event of real threat or harm, physically or verbally, to yourself or another, the appropriate personal will be contacted.

2. Your Authorization: You may give us a written release to use your health information for any purpose that you deem necessary. If you give us a release, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your release while it was in effect.

3. Payment: You may ask us to disclose information about you with your health insurance company concerning claims/payment. You must sign a release form in

order for us to do so.

4. Individuals Involved in Your Care or Payment of Your Care: If family members are involved with your care, a signed release form gives permission for health information to be shared or contact calls to be made.

Without A Signed Release

1. Proper Authorities: We are required to report to appropriate agencies and law-enforcement official's information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence.

2. Required by Law: Federal, state or local law, or when ordered by a court of law, may require us to use or disclose your health information.

3. Public Health Risks: We may disclose health information about you for public health activities such as to prevent or control disease, injury or disability, or to report reactions to medications or problems with products.

4. Emergency/Notification Contact: Your health record may be used to notify or assist family members, personal representatives or other persons responsible for your care in the event of an emergency or to enhance your well-being or your whereabouts. We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

5. Accounting: You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an Authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

Client's Signature Client's

Printed Name