

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 Privacy Is Important

I understand and respect your need for privacy. I am required by law to maintain the privacy of protected health information, which is information in your record that could identify you. I am required to notify you of our legal duties and privacy practices in regard to protected health information. I am further required to adhere to the terms of this notice. I will handle your protected health information only as allowed by federal and state law and according to this practice's policies, using the most rigorous law that protect your health information.

If at any time you believe that your privacy rights have been violated, you may contact any of the following sources verbally or in writing:

- State Advocate
- Secretary of Health and Human Services of the federal government

Contact information is listed at the end of this notice. Utilizing this right will cause no change in services provided to you nor will it lead to retaliation from anyone in this practice.

Your federally defined rights under 45 CFR Parts 160 and 164 (HIPPA Privacy Standards), and under The Commonwealth of Virginia's Administrative Code, Title 12, sections 35-115-80 and 35-115-90 (Human Rights)

Each time that you receive services from me, I make a record of the visit. The record generally contains diagnosis, changes in functioning, intervention(s), and plans for future services. You should be aware of the following rights concerning your protected health information:

- You have the right to inspect or request copies of your medical record. You must make this to me. The request is confidential. This right is not an absolute. If access could cause harm, I can deny your request. If denied, you will be given a timely, written notice that includes the reason for the denial. The notice will become a part of your record.
- You have the right to request an amendment of your medical record if you believe the information in the record is inaccurate or incomplete. You must make this request to me. I may deny the request for appropriate reasons. You will be provided a written explanation of the denial.

- You have the right to receive an accounting of my disclosures of your protected information that were not for the purposes of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone that received information about you from my records

- You have the right to request from your provider a restriction regarding the use or disclosure of your protected health information. I will give this request serious consideration. You will promptly be informed whether I can honor the requested restriction while continuing to offer effective services, receive payment, and maintain health care operations. I am not legally required to agree to any restrictions. If I agree to do so, I am bound by the agreement except under certain emergency situations.

- You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing. I will accommodate all reasonable requests.
- You have the right to obtain a paper copy of this Privacy Notice at any time upon your request.

Use and Disclosure of Your Information

Upon signing this consent form and financial agreement you are allowing me to use and disclose necessary information about you in order to provide treatment/service, receive payment of provided treatment/service, and conduct my day-to-day health care operations.

Examples:

In order to receive payment for services provided, your health information may be sent to those companies or groups responsible for reimbursement. A monthly statement may be sent to the responsible party identified by you and noted on the financial agreement.

Substance Abuse Regulations

The use and disclosure of protected health information for

Emergencies

I may use or disclose necessary protected health information about you in an emergency situation. In the event that this occurs, I will notify you as soon as reasonably possible.

Individuals Involved in Your Care or Payment for That Care

Unless you object, I may release information about you to a friend or family member who is involved in your medical care. I may also give information to someone that you identified as an individual that helps pay for your care.

Specific Circumstances for Disclosure

Federal and state law allows me to disclose specific health information about you in the following specific circumstances:

- As required by law. For example, reports required for public health purposes such as reporting certain contagious diseases.
- Judicial and administrative proceedings such as an order from a court, or my legal counsel.
- Law enforcement purposes. For example, material witnesses, missing persons, criminal conduct on premises.
- To avoid a serious threat to the health and safety of another person, such as in response to a specific threat made by a person to harm another.
- Children or incapacitated adults that are victims of abuse, neglect, or exploitation.
- Health oversight activities.
- Military services. For example, in response to appropriate military command to assure the proper execution of the military mission.
- National Security and Intelligence activities such as those authorized by the National Security Act or in relation to protective services to the President of the United States.
- State Department requests such as medical suitability for the purpose of security clearance.
- Correctional facilities. For example, to a correctional facility about an inmate.
- Workers Compensation to facilitate processing and payment.
- Coroners and medical examiners for identification of a deceased person or to determine cause of death
- To the department of Health and Human Services in connection with an investigation of The Westwood Group for compliance with federal regulations.

substance abuse patients is subject to additional regulations under federal law. Some regulations may prohibit the uses and disclosures outlined in this notice. If such a case occurs, I will adhere to the more restrictive abuse regulations.

Other Uses and Disclosures of Your Information by Authorization Only

I am required to obtain your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. I use an authorization form that specifies what information will be provided to whom, and for what purposes. You or your legal representative must sign the form. You have the right to revoke the authorization at any time with a written statement unless we have acted on the request.

Changes to Privacy Practices

I reserve the right to change any of my privacy policies and related practices at any time, as allowed by federal and state law. Changes will be effective for all protected health information that we maintain.

I will post all revised Privacy Notices at all service sites. They will be available upon a verbal or written request.

For additional information concerning our Privacy Policy or the federal and state laws pertaining to privacy, please contact:

- Regional Advocate,
Virginia Secretary of Health & Human Services
202 North 9th Street, Suite 622
Richmond, Virginia 23219
(804) 786-7765
- Secretary of Health & Human Services
Hubert Humphrey Building
2000 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 690-7000

Your signature below indicates that you have received and read this Privacy Notice.

Signature

Date
Rev 4/14/03