

Notice of Privacy Practices

Life in Balance Counseling and Wellness Center

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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose the minimum necessary information from your medical records for only the following purposes:

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. We may consult with other mental health professionals to enhance your treatment. We will also disclose protected health information to other healthcare providers who may be treating you when we have the necessary permission from you to disclose your protected health information.
- Payment means activities such as confirming coverage, obtaining authorizations, requesting reimbursement for services, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. If you are receiving services through an Employee Assistance Program (EAP) or Workers' Compensation, your EAP or Workers' Compensation agency may obtain the minimum necessary information without your express authorization.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate which provider you will be seeing. We may also call you by name in the waiting room when your provider is ready to see you. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Abuse, Neglect or Exploitation: We are mandated by Virginia Law to report abuse, neglect or exploitation to the Department of Social Services shared with us by you and/or a family member.
- Serious and Imminent Threat: We are required by Virginia Law to take action to protect those who are in danger of imminent harm such as suicide or homicide. This may involve screening and/or admission to a psychiatric hospital, warning someone who is in danger of being murdered, and contacting the police.
- Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to a court order, in response to a subpoena, discovery request or other lawful process.
- Other Releases Required by Law: This includes but is not limited to health oversight agencies, public health, workers' compensation agencies, licensing boards, and prisons.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

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You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Life in Balance Counseling and Wellness Center will use or disclose your protected health information as described.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to release your medical records when you give written consent. You may revoke this authorization, in writing, at any time. A revocation is not valid when we have already acted on it prior to your revocation.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. This may include receiving bills at an alternate address or phone calls at only a certain number.
- The right to inspect and copy your protected health information. A staff member will be present if you review your record in person. A summary of your notes may be provided in lieu of the actual record. (Copying of records does require payment of a fee, in accordance with laws in the State of Virginia.)
- The right to amend your protected health information. Information will not be removed or deleted from your record. You may give a written statement to amend your medical record.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment, and healthcare operations or other releases permitted by law. We will provide this free of charge once per year if requested.
- The right to obtain a paper or electronic copy of this notice from us upon request.
- The right to receive any future policy changes secondary to changes in state and federal laws.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices (in accordance with State and Federal law) and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Life in Balance Counseling and Wellness Center
125-D Akers Farm Rd.
Christiansburg, VA 24073
(540) 381-6215

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 619-0257
Toll Free: 1-877-696-6775