

# Bridge to Wellness Centers LLC

## Notice of Privacy Policy

**THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. Confidentiality**

As a rule, we will not disclose information about you or the fact that you are a client, without your written consent. Health care providers are legally allowed to use or disclose records or private health information for treatment, payment, and health care operations purposes. As such, we will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form) or through your written authorization at the time the need for disclosure arises. You may revoke your permission at any time, provided your revocation is in writing.

**II. Limits of Confidentiality:** Possible Uses and Disclosures of Clinical Records without Consent or Authorization. There are some important exceptions to this rule of confidentiality. These exceptions are either legally required or determined by policy of our practice. If you wish to receive mental health services from us, you must sign the attached form indicating that you understand and accept our policies about confidentiality and its limits. We will discuss these issues in our initial session, but you may reopen the conversation at any time during our work together.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**For training or supervision purposes** PHI will be disclosed only with your authorization.

**Required by Law:** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization:** Following is a list of the categories of uses and disclosures permitted by HIPAA without authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

**We may use or disclose records or other information about you without your consent or authorization in the following circumstances:**

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· Emergency: If you are involved in a life-threatening emergency and we cannot ask your permission, we will share information if we believe you would have wanted us to do so or if we believe it will be helpful to you.

· Child Abuse Reporting: If we have reason to suspect that a child has been or is in immediate danger of being abused or neglected, we are required by Virginia law to report the matter immediately to the appropriate authority.

· Adult Abuse Reporting: If we have reason to suspect that an elderly or incapacitated adult is abused, neglected, or exploited, we are required by Virginia law to immediately make a report and provide relevant information to the appropriate authority.

· Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information unless you provide written authorization or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, we are required to place said records in a sealed envelope and provide them to the Clerk of Court. In civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be "necessary for the proper administration of justice."

· Serious Threat to Health or Safety: Under Virginia law, if we are engaged in professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s) or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization.

· Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

· Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as is necessary to prevent serious harm.

· Specialized Government Functions: We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

· Verbal Permission: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization.

We may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, we can be

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required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or law enforcement officer, whether you are a minor or an adult.

### **III. YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to Bridge to Wellness Centers LLC, 1934 Old Gallows Road, Suite 360, Vienna, VA 22182.

**Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in your designated record. A designated record set contains mental health/ medical and billing records and any other records that are used to make decisions about your care.

Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of you PHI be provided to another person.

**Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please Bridge to Wellness Centers LLC if you have any questions or concerns.

**Right to a copy of this notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Changes to this notice:** We reserve the right to change our policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. We will have copies of the current notice available on request.

**Complaints:** If you believe your privacy rights have been violated, you may file a Complaint with Bridge to Wellness Centers, LLC, 1934 Old Gallows Road, Suite 350, Vienna, VA 22182. You may also send a written complaint to the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201. You can also do so by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

### **Patient's Acknowledgement of Receipt of Notice of Privacy Practices**

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Center for Psychological Assessment & Consultation's "Notice of Privacy Practices." We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Revised 7/2019