



IPS CENTER FOR PSYCHOLOGICAL SERVICES

IPS CENTER FOR PSYCHOLOGICAL SERVICES VIRGINIA NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The IPS Center for Psychological Services (IPS Center) may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when a representative of the IPS Center provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your clinician consults with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when the IPS Center obtains reimbursement for your healthcare. Examples of payment are when the IPS Center discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of the IPS Center. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within the IPS Center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the IPS Center, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

The IPS Center may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the IPS Center is asked for information for purposes outside of treatment, payment, and health care operations, the IPS Center will obtain an authorization from you before releasing this information.

We will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes your clinician may have made about your conversation during a private, group, joint, or family counseling session, which he/she may have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the IPS Center has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

The IPS Center may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If a representative of the IPS Center has reason to suspect that a child is abused or neglected, we are required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult Abuse Reporting:** If a representative of the IPS Center has reason to suspect that an adult is abused, neglected, or exploited, we are required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should the IPS Center or a representative thereof be the focus of an inquiry.
- **Judicial or Administrative 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 the IPS Center will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move

to quash (block) the subpoena, the IPS Center is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. Privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicate to a representative of the IPS Center 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 must 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; or (2) notifying a law enforcement officer.
- **Worker's Compensation:** If you file a worker's compensation claim, the IPS Center is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

There may be additional disclosures of PHI that the IPS Center is required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the IPS Center is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services at the IPS Center. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. The IPS Center may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your

request, a representative of the IPS Center will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The IPS Center may deny your request. On your request, a representative of the IPS Center will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, a representative of the IPS Center will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- The IPS Center is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- The IPS Center reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If the IPS Center revises our policies and procedures, we will post the notice at the IPS Center's waiting room.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision that the IPS Center makes about access to your records, or have other concerns about your privacy rights, you may contact **IPS Center Director, Ian Masson, LPC** at 703-416-1441 Ext. 472.

If you believe that your privacy rights have been violated and wish to file a complaint with *the IPS Center*, you may send your written complaint to **IPS Center Director Ian Masson, LPC** at 45154 Underwood Ln, Sterling, VA 20166.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. The IPS Center will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy This notice will go into effect on September 30, 2015.

Personal Process Notes will not be kept at the IPS Center in the medical record.

The IPS Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting on a wall in the waiting room of the IPS Center.



IPS CENTER

FOR PSYCHOLOGICAL SERVICES

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Patient Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of the Notice of Privacy Practices from _____, Clinical Trainee.

Print Patient Name

Signature of Patient

Date

-----For Office Use Only-----

The IPS Center has made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s).

Date Patient/Individual refused to sign acknowledgment: _____

- Communication barriers prohibited obtaining an acknowledgement
- An emergency situation prevented us from obtaining an acknowledgement
- Other: _____