



THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND 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

Dr. Smith may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. “*PHI*” refers to information in your health record related to your therapy based upon which others could identify you.

## II. Uses and Disclosures Requiring Authorization

Dr. Smith 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. In those instances when Dr. Smith is asked for information and you have not yet given authorization, she will obtain an authorization from you before releasing information. If you do not wish to give an authorization, then Dr. Smith will not release information (except under the unusual circumstances listed below). Dr. Smith will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes Dr. Smith has made about your counseling sessions with her. 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) Dr. Smith has relied on that authorization (e.g., health records already disclosed under this 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

Dr. Smith may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Dr. Smith has reason to suspect that a child is abused or neglected she is required by law to report the matter immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If Dr. Smith has reason to suspect that an adult is abused, neglected or exploited she is 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 Dr. Smith 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. Dr. Smith won't 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, Dr. Smith 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. The 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 Dr. Smith is engaged in her professional duties and you communicate with her a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, including yourself, and she believes you have the intent and ability to carry out that threat immediately or imminently, Dr. Smith must take steps to protect you and/or 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, Dr. Smith is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

#### **IV. Electronic Payment Communication**

If you wish, you may pay fees electronically – through funds transfer or using a payment card -- using any of the following services:

- *Square*

#### **Please Be Aware of the Following:**

Dr. Smith has a duty to uphold your confidentiality, and thus wishes to make sure that your use of the above payment services is done as securely and privately as possible.

After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include Dr. Smith's business name, and would indicate that you have paid a service provided by a clinical psychologist.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. Dr. Smith is unable to control this in many cases, and may not be able to control which email address or phone number to which your receipt is sent. As such, she encourages you to consider the following questions before deciding whether you would like to pay for her services electronically:

- At which email address(es) or phone number(s) have I previously received this type of receipt?

- Are any of these address(es) or phone number(s) provided through your employer or school? If your email address(es) or phone number(s) are provided through your school/employer, consider the fact that your school/employer will most likely have access to view such receipts.
- Are there any other parties who have access to these email address(es) and/or phone number(s) that should not see these receipts? Do you face an increased risk of danger should such parties view them?

### **Health Savings Accounts and Flexible Spending Accounts**

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that services are charged, there is a possibility that your payment could later be denied. In case of such an event, please know that you will still be responsible for making full payment for services through other means.

## **V. 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.

*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 seeing Dr. Smith. Upon your request, Dr. Smith will send your bills to another address.)

*Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI and psychotherapy notes in Dr. Smith's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr. Smith may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Dr. Smith 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. Dr. Smith may deny your request. On your request, she 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, Dr. Smith will discuss with you the details of the accounting process.

Psychologist's Duties:

Dr. Smith is required by law to maintain the privacy of PHI and to provide you with a notice of her legal duties and privacy practices with respect to PHI.

Dr. Smith reserves the right to change the privacy policies and practices described in this notice. Unless she notifies you of such changes, however, she is required to abide by the terms currently in effect.

If Dr. Smith revises her policies and procedures, she will let you know of that in writing.

**VI. Electronic Communication**

At times it may be helpful to use various electronic means of electronic communication (e.g., email). Electronic communication may include, but is not limited to cellular phone calls, e-mails, and occasionally text messages, etc. These means of communication are not confidential and therefore it is Dr. Smith's policy is to limit electronic communication to scheduling matters, and the like, rather than to utilize it for clinically based interaction(s) where feasible.

Dr. Smith does not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). She believes that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this policy, please bring them up when you meet with Dr. Smith and to talk more about it.

**VII. Questions and Complaints**

If you have questions about this notice, disagree with a decision Dr. Smith makes about access to your records, or have other concerns about your privacy rights, please let her know right away.

**VIII. Effective Date, Restrictions, and Changes to Privacy Policy**

*This notice will go into effect on the date it is signed.*

\_\_\_\_\_  
Signature of Client\*

\_\_\_\_\_  
Date

*\*By typing your name in the "Client Signature" space, you are agreeing to the terms of this contract.*

**Click to SAVE data**