

NOTICE OF PRIVACY PRACTICES

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 carefully!

I. Confidentiality

I will not disclose any information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operation purposes. **However, I do not routinely disclose information in such circumstances, so I 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, in writing, at any time, by contacting me.

II. Limits of Confidentiality

Possible uses and disclosures of Mental Health Records without consent or authorization

There are some important exceptions to this rule of confidentiality.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, because they are legally required:

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

Child Abuse Reporting If I have reason to suspect that a child is abused or neglected, I am required by Virginia law to report the matter immediately to the Virginia Department of Social Services.

Adult Abuse Reporting If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Virginia law to immediately make a report to the Virginia Department of Social Services.

Health Oversight Virginia law requires that licensed psychologists report misconduct by a health care provider of their own profession. By law, if you describe unprofessional conduct by another mental health care provider, I am required to report it to the Virginia Licensing Board, who may subpoena your records for investigation.

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, such information is privileged under state law, and will not be released without the written authorization of you or your legally appointed representative or a court order (subpoena).

Licensed Clinical Psychologist

Phone (703) 354-1144

Fax (703) 831-8752

Serious Threat to Health or Safety If I have reason to believe that there is a risk of imminent personal injury to you or to other individuals, the appropriate information, as permitted by law, may be disclosed.

III. Client Rights and Provider's Duties:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. I am not required to agree to a restriction you may request. However, I will discuss my decision with you.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a psychologist. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.

Right to an Accounting of Disclosures – You have the right to receive an accounting of disclosures of your protected health information for any disclosures. On your written request, I will discuss with you the details of the accounting process.

Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you need to submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes.

Right to Amend – You have the right to request an amendment of you protected health information. This request must be made in writing and given to me. I may deny your request. At your request, I can discuss the amendment process with you in further detail.

Right to a Copy of this Notice – You have a right to a paper copy of this notice.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint. To do this you must submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services.

V. Effective Date

This notice went into effect April 17, 2012.

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**Client Acknowledgement of
Receipt of Notice of Privacy Practices**

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

I have been provided a copy of Dr. Seay'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: _____