NOTICE OF PRIVACY PRACTICES Effective Date: October 1, 2017

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.

This Notice is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). It describes how, when and why we may use and/or disclose protected health information (“PHI”) about you. It also describes your rights to access and control of your PHI. “PHI” means any recorded or oral information about you, including demographic data, that may identify you or that can be used to identify you, that is created or received by the [insert company name] (“the Company”) and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care to you.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**: We understand that PHI about you is personal and confidential. We are committed to protecting the privacy of PHI. This Notice applies to the entire PHI generated or received by the Company. It also applies to all employees of the Company who may have access to or are required to use your PHI for any of the purposes described in this Notice, as well as persons having a business associate agreement with the Company.

**WE ARE REQUIRED BY LAW TO**:

• Make sure that your PHI is kept confidential;

• Give you this Notice of our privacy practices with respect to PHI about you;

• Abide by the terms of the Notice, as currently in effect; and

 • Notify you in the event that there is a breach of your unsecured PHI.

1. **Confidentiality** As a rule, we will disclose no information about you, or the fact that you are our patient, without your written consent. Our 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, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes.
2. “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 – some exceptions created voluntarily because of policies in this office/agency], and some required by law. If you wish to receive mental health services from ATHC, you must sign the attached form indicating that you understand and accept our policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

 1. 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.

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

3. 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 Virginia Department of Welfare or Social Services.

4. Health Oversight: Virginia law requires that licensed social workers and counselors report misconduct by a health care provider of their own profession. By policy, we also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by another mental health provider of any profession, we are required to explain to you how to make such a report. If you are yourself a health care provider, we are required by law to report to your licensing board that you are in treatment with me if we believe your condition places the public at risk. Virginia Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

5. Court Proceedings: If you are involved in a court preceding 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 Virginia 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.” In criminal cases, Virginia has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if we do an evaluation for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

6. Serious Threat to Health or Safety: Under Virginia law, if we are engaged in our professional duties and you communicate to us 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. By our own policy, 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 required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or a law enforcement officer, whether you are a minor or an adult.

7. Workers Compensation: If you file a worker’s compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

8. Records of Minors: Virginia has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child’s records; and CSB evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and we will discuss these in detail if we provide services to minors.

9. Lawsuits and Administrative Proceedings. We may disclose PHI about you in response to a court or administrative order. We may also disclose PHI pursuant to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the party requesting the information to tell you about the request or to obtain an order protecting the information requested. We may also use such information to defend ourselves or any personnel of the Company in any actual or threatened action.

10. Law Enforcement Purposes. We may disclose PHI if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons, grand jury subpoenas or similar process; To identify or locate a suspect, fugitive, material witness, or a missing person; About the victim of a crime if the individual agrees and, under certain limited circumstances, where we are unable obtain the person’s agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at the Company; In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; or About certain types of wound or physical injuries as required by law

Other uses and disclosures of information not covered by this notice or by the laws that apply to us will be made only with your written permission.

1. Patient’s Rights and Provider’s Duties:

1. 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 we disclose about you to someone who is involved in your care or the payment for your care. If you ask ATHC to disclose information to another party, you may request that we limit the information we disclose. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

 2. 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 us. Upon your request, we will send your bills to another address. You may also request that we contact you only at work, or that we do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

3. Right to an Accounting of Disclosures – 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 written request, We will discuss with you the details of the accounting process

4. 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 must submit your request in writing. If you request a copy of the information, we may charge a fee for costs of copying and mailing. We may deny your request to inspect and copy in some circumstances. We may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding

5. Right to Amend – If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, and submitted to ATHC. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that: 1) was not created by us; We will add your request to the information record; 2) is not part of the medical information kept by us; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

6. Right to a copy of this notice – You have the right to a paper copy of this notice. You may ask ATHC to give you a copy of this notice at any time. Changes to this notice: ATHC reserves 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. To do this, you must submit your request in writing to our office. You may also send a written complaint to the U.S. Department of Health and Human Services. **You will not be retaliated against or penalized by us for filing a complaint.**

**V. PRIVACY OFFICER**

The Company’s Privacy Officer for all issues regarding your rights under HIPAA is Stacy M. Williams, LCSW. Information regarding matters covered by this Notice can be requested by contacting Stacy M. Williams,, LCSW, who may be reached at: Anchor to Hope Counseling, LLC, 4370 Starkey Rd Suite 4C-1 Roanoke, VA 24018, (540) 556-2670.

Signature below is acknowledgement that you have received our Notice of Privacy Practices: Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The client wanted a copy of this privacy practice (Circle one) YES NO \*

This signed HIPAA will remain in the patient’s file; a copy may be given upon request.\*