**NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPAA) is comprehensive federal legislation concerning the privacy of patient health information collected and stored at facilities, such as In Harmony Wellness IHW LLC (IHW). HIPAA establishes standards for privacy and covers oral, written, and electronic communication that involves your Protected Health Information (PHI).

IHW and staff will make sure the privacy of your PHI is always maintained and we are committed to ensuring your PHI is protected and that you always have access to that information. We ask that you carefully read this Notice of Privacy Practices. You also have certain rights regarding your PHI. If you have any questions regarding any privacy matter, please feel free to contact our Privacy Officer at 757-606-1377.

This notice describes how your PHI may be used or disclosed and how you can access this information. IHW is providing this information to comply with HIPAA Privacy Regulations. You will be asked to sign a Privacy Acknowledgement form giving IHW permission to file claims with your insurance company and confirm that you have read this Notice of Privacy Practices. As a general rule, your IHW provider will never disclose your PHI or the fact that you are a patient, without your written consent. You have the right to stop IHW from disclosing your PHI. There are important exceptions to IHW privacy practices, as described below, or as otherwise specified by law. If a provider is legally required to release patient information to others we will be glad to provide you with the statute numbers if you so request or they can be read online at http://.state.va.us/

I. May provide information about you to others without your consent under the following circumstances:

HARM TO SELF/OTHERS- In the case of a potential suicide or if you threaten grave bodily harm to another person, we are required by law to inform the necessary individual(s) and/or agency(s) to prevent harm, including any intended victim and an appropriate law enforcement agency.

VACATIONS/EMERGENCIES- When your provider must be away from the office for extended periods of time, a colleague will provide coverage and take emergency calls. The on-call provider will have access to your PHI to assist you during your regular providers absence. Your provider will discuss that plan in advance, but we reserve the right to provide sufficient information for insuring continuity of care in your provider’s absence, and this may include providing your first name for identifying your call.

CONSULTATION- To insure that your provider is providing quality care, he/she may sometimes discuss issues with a consultant. In so doing, your provider will not reveal identifying information about you, but only will discuss general issues. Your provider will provide names of consultants upon your written request.

BILLING/COLLECTIONS- IHW’s billing and collections employees will have access to your PHI necessary for preparing monthly statements and submitting insurance claims. If you are using healthcare insurance, please note that your insurance company will require a diagnosis for the “identified patient”. Persons seeking therapy for marital problems, work related stressors, or other circumstances may choose to not use their health insurance, and in so doing, avoid the necessity of submitting a diagnosis to your insurance company for purpose of reimbursement. Please discuss this with your provider directly. You have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out-of-pocket in full for the healthcare service (i.e. self-pay).

COLLECTIONS- If we must use a collection agency, we will provide to them the information necessary for obtaining payment.

EMPLOYEES/ANSWERING SERVICE- Office colleagues do not have access to other provider’s records except in the case of on-call coverage discussed above. All providers share receptionists and answering service. These individuals take messages for providers.

ABUSE/NEGLECT- If your provider suspects abuse, neglect, or exploitation of a child or aged or incapacitated adult he/she is to report this orally or in writing within twenty- four (24) hours to the Department of Social Services. Protective Service employees, court appointed Special Advocates, and Evaluators for involuntary commitment to inpatient treatment might have access to your PHI if abuse or neglect is reported. Your IHW provider will attempt to limit the information disclosed by substituting an oral or written report in such cases. With regard to sexual abuse, a report will also be made to the local law enforcement agency where the adult resides or where the sexual abuse is believed to have occurred, or where the abuse was discovered.

UNETHICAL/ILLEGAL PRACTICE- Professionals are required to report to the appropriate Regulatory Boards any information regarding another licensee who may be engaging in illegal practice or unprofessional conduct. Although not legally required, we also reserve the right to report unprofessional conduct by a health care provider of another profession if we believe that their misconduct has caused or is causing serious harm to their patients.

LICENSED PROVIDERS-If you are a licensed health care professional receiving therapy, and if your condition places the public at risk, your provider may be required to report this to your licensing board.

SUBPOENA- In Virginia, therapist/provider-patient privilege may not apply in a criminal case, a child abuse case, or in any civil court case in which your mental health is a relevant issue. Furthermore, in any Virginia Court case, a judge may,” in the exercise of sound discretion,” order that information communicated in therapy be admitted as evidence if she/he “deems it necessary to the proper administration of justice.” Thus, others can issue subpoenas seeking treatment records and/or provider testimony about a present or former patient as evidence in a court case. If your provider receives such a subpoena, he/she will contact you or your designated agent to obtain approval prior to releasing your PHI. If you or your designated agent chose to file a “motion to quash” the subpoena, we will cooperate with your attorney in entering this motion. Any motion to quash a subpoena will require IHW to place your PHI in a sealed envelope to be delivered to the Clerk of Courts in the appropriate jurisdiction so the judge can determine whether or not your PHI should be released. You will be informed in advance if this is going to occur. Only the judge may decide whether or not the requested PHI will be disclosed.

AGE- Virginia law permits parents to obtain your PHI if you are under the age of eighteen (18) years.

WORKER’S COMPENSATION- IHW is required to provide you or your employer, insurer, or certified rehabilitation provider, or any representative thereof, a copy of any report we have generated upon request.

INMATES OR INDIVIDUALS IN CUSTODY – If you are an inmate of a correctional facility or in the custody of a law enforcement official, we may release your PHI to the correctional facility or law enforcement official. This release would be made necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others, or; 3) for the safety and security of the correctional institution.

MILITARY OR VETERANS – If you are a member of the armed forces, we may use or release your PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

NATIONAL SECURITY, PROTECTIVE SERVICES AND INTELLIGENCE ACTIVITIES – We may release PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

II. INFORMATION TO INSURANCE COMPANIES AND OTHER THIRD PARTY PAYERS

INSURANCE COMPANIES - Certain information must be provided to your insurance company or other third party payer if you want them to pay for your treatment at IHW. You must decide whether to give consent for IHW to release the necessary information to your insurance company or other third party payer for us to receive reimbursement. You have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out-of-pocket in full for the healthcare service (i.e. self-pay). Your provider will release nothing to insurance companies or other third party payers without your consent. However, once consent is granted to release information to your insurance company (i.e. a third party payer), IHW will then need to submit information to process claims. This usually involves providing information about your diagnosis and dates/type of treatment; however, it may include more detailed clinical information if this is requested by your insurance company. You should know that the information we supply could be entered into a computerized database, and we have no control over how it might subsequently be used or whether it will be re-released. For example, your signature on a future application for health or life insurance may trigger re-release of such information, affecting your eligibility. Virginia law also allows insurance companies to re-release information to others in certain circumstances without your further consent, potentially including the employer who provides your health care plan.

HEALTH OVERSIGHT ORGANIZATIONS – IHW may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are deemed necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

BUSINESS ASSOCIATES – IHW may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than that which is specified in our contract.

III. PATIENT RIGHTS

REQUEST ACCESS- You have the right to submit a written request to inspect and obtain a copy of your PHI by IHW, except psychotherapy notes, for as long as the PHI is maintained in your records unless your provider has determined that the requested access; 1). may endanger your life or physical safety or 2) the request is made by your representative and is reasonably likely to cause you substantial harm. You have the right to request an electronic copy of your PHI to the extent that the information is available in electronic format. When not available electronically, that information will be provided to you in hard copy, exempting the exceptions indicated above. A fee may be charged for the cost of copying and mailing.

AMEND-If you feel that protected health information in your chart is incorrect or incomplete, you have the right to request in writing that your IHW provider amend your PHI for up to six (6) years from the date the record is created or the date it was last in effect, whichever is later. Such a written request must provide a reason to support your requested amendment. Your provider may deny the request if the information 1) was not created by your provider; 2) is not part of the medical information kept by your provider; 2) is not part of the information which you would be permitted to inspect and copy; 4) if accurate and complete.

ACCOUNTING OF DISCLOSURE- You have the right to an accounting of disclosures of your PHI for which you have not provided consent of authorization. IHW is only required to account for disclosures within the six (6) years prior to the date of the requested for the accounting. IHW does not have to account for disclosures 1) for treatment, payments and health care operations or; 2) pursuant to patient’s authorizations; 3) to the patient; 4) incidental disclosures (e.g. your name being called out in the waiting room or overheard by another person); 5) to correctional institutions or law enforcement officials or 6) for national security or intelligence purposes;

REQUEST RESTRICTION- 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 disclosed about you to someone who is involved in your care or the payment of your care. If you ask your provider to disclose information to another party, you may request the provider limit the information disclosed. However, your provider is not required to agree to a restriction you request. To request restrictions, you must make your request in writing and state 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; 3) to whom you want the limits to apply.

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 our services. 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 a voice mail message.) To request alternative communication, you must make your request in writing, specifying how and where you wish to be contacted.

RIGHT TO A COPY OF THIS NOTICE: You have a right to a paper copy of this notice. You may ask us to provide you with a copy of this notice at any time.

YOU HAVE THE RIGHT TO BE NOTIFIED IF THERE IS A BREACH IN SECURITY OF YOUR UNPROTECTED PHI- In the event of a breach in unprotected PHI, you will be notified without unreasonable delay and within 60 days after discovery. The notice will include a brief description of the breach, including dates; the type of unsecured PHI involved; the steps you should take to protect against potential harm; and a description of the steps IHW has taken to investigate the incident, mitigate harm, and protect against further breaches.

1. CHANGES TO THIS NOTICE - IHW reserves the right to change Privacy Practices. Please contact our Privacy Officer at 757-606-1377 regarding all privacy matters.
2. COMPLAINTS – If you believe your privacy has been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint, contact our Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

PATIENT SIGNATURE RESPONSIBLE PARTY PRINTED NAME DATE

(RELATIONSHIP)