

Notice of Policies and Practices to Protect the Privacy of Your/ Your Child's Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU/ YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU/ YOUR CHILD CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS INFORMATION CAREFULLY.

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

Your/your child's psychologist may use or disclose your/your child's protected health information (PHI), for treatment, payment, and health care operations purposes with your/your child's (if ≥ 18 years old) written authorization. To help clarify these terms, here are some definitions:

1. "Psychologist" or "Dr. Fagen" in this document refers to **Douglas Fagen, PhD.**
2. "PHI" refers to **Private Health Information** in your/your child's health record that could identify you/your child.
3. "Treatment, Payment and Health Care Operations."

>**Treatment** is when the psychologist provides, coordinates or manages your/your child's health care and other services related to your/your child's health care. An example of treatment would be when the psychologist consults with another health care provider, such as your/your child's family physician or another psychologist.

>**Payment** is when the psychologist obtains reimbursement for your/your child's healthcare. Examples of payment are when the psychologist discloses your/your child's PHI to your/your child's health insurer to obtain reimbursement for your/your child's health care or to determine eligibility or coverage.

>**Health Care Operations** are activities that relate to the performance and operation of the psychology practice of Douglas Fagen, PhD. Examples of health care operations include 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 my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you/your child.

"**Disclosure**" applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you/your child to other parties.

"**Authorization**" is your/your child's (if > 18 years old) written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Dr. Fagen may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your/your child's appropriate authorization is obtained. In those instances when Dr. Fagen is asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you/your child (if > 18 years old) before releasing this information.

Dr. Fagen will also need to obtain an authorization before releasing your/your child's Psychotherapy Notes. "Psychotherapy Notes" are notes that I have made about conversations during a private, group, joint, or family counseling session that you/your child attended, which have been kept separate from the rest of your/your child's record. These notes are given a greater degree of protection than PHI.

Dr. Fagen will also obtain an authorization from you/your child before using or disclosing:

- PHI in a way that is not described in this notice; or
- PHI for marketing purposes.

You/your child (if > 18 years old) may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing.

III. Uses and Disclosures without Authorization

The psychologist may use or disclose PHI without your/your child's consent or authorization in the following circumstances:

Child Abuse – If the psychologist knows or has reasonable cause to suspect that a child known to them in their professional capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, the psychologist must immediately report such knowledge or suspicion to the appropriate authority.

Adult and Domestic Abuse – If the psychologist believes that an adult is in need of protective services because of abuse or neglect by another person, the psychologist must immediately report this belief to the appropriate authorities.

Health Oversight Activities - If the Virginia Board of Psychology is investigating the psychologist, the psychologist may be required to disclose PHI to the Board.

Judicial and Administrative Proceedings - If you/your child are/is involved in a court proceeding and a request is made for information about the professional services the psychologist

provided you/your child and/or the records thereof, such information is privileged under Virginia law, and the psychologist will not release information without the written authorization of you/your child (if > 18 years old) or your/your child's legally appointed representative or a court order. The privilege does not apply when you/your child are/is being evaluated for a third party or where the evaluation is court ordered. You/your child will be informed in advance if this is the case.

Serious Threat to Health or Safety – If the psychologist believes disclosure of PHI is necessary to protect you/your child or another individual from a substantial risk of imminent and serious physical injury, the psychologist may disclose the PHI to the appropriate individuals.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the Commonwealth of Virginia's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as the Virginia Department of Health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence purposes.

IV. Client's Rights:

Right to Request Restrictions - You/your child have/has the right to request restrictions on certain uses and disclosures of protected health information. However, the psychologist is not required to agree to a restriction you/your child request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:

You/your child have/has the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you/your child may not want to receive bills at your home or via a shared email address. On your/your child's (if \geq 18 years old) request, the psychologist will send your/your child's bills to another address.

Right to Inspect and Copy - You/your child have/has the right to inspect or obtain a copy (or both) of PHI in the psychologist's mental health and billing records used to make decisions about you/your child for as long as the PHI is maintained in the record. The psychologist may deny your or your child's access to PHI under certain circumstances, but in some cases you/your child may have this decision reviewed. You/your child may be denied access to Psychotherapy Notes if the psychologist believes that a limitation of access is necessary to protect you/your child from a substantial risk of imminent psychological impairment or to protect you/your child or

another individual from a substantial risk of imminent and serious physical injury. The psychologist shall notify you/your child or your/your child's representative if they do not grant complete access. On your/your child's request, the psychologist will discuss with you/your child the details of the request and denial process.

Right to Amend - You/your child have/has the right to request an amendment of PHI for as long as the PHI is maintained in the record. The psychologist may deny your/your child's request. On your/your child's request, the psychologist will discuss with you/your child the details of the amendment process.

Right to an Accounting - You/your child generally have the right to receive an accounting of disclosures of PHI. On your/your child's request, the psychologist will discuss with you/your child the details of the accounting process.

Right to a Paper Copy - You/your child have the right to obtain a paper copy of the notice from the psychologist upon request, even if you/your child have/has agreed to receive the notice electronically.

Right to Restrict Disclosures when you have paid for your care Out-of-Pocket -- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for psychological services.

Right to Be Notified if there is a Breach of Your Unsecured PHI --You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

V. Psychologist's Duties:

The psychologist is required by law to maintain the privacy of PHI and to provide you/your child with a notice of their legal duties and privacy practices with respect to PHI.

The psychologist reserves the right to change the privacy policies and practices described in this notice. Unless the psychologist notifies you/your child of such changes, however, the psychologist is required to abide by the terms currently in effect.

If the psychologist intends to revise his/her policies and procedures, he/she must describe in the notice to patients how the psychologist will provide patients with a revised notice of privacy policies and procedures (e.g., by mail, e-mail).

VI. Questions and Complaints

If you/your child have/has questions about this notice, disagree with a decision the psychologist makes about access to your/your child's records, or have other concerns about your/your child's privacy rights, you/your child may contact Dr. Douglas Fagen at (571) 478-2272.

If you/your child believe(s) that your/their privacy rights have been violated and wish to file a complaint with the psychologist, you/your child may send the written complaint to Dr. Douglas Fagen, 131 Great Falls St, Suite 100, Falls Church, VA 22046.

You/your child 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/your child with the appropriate address upon request.

You/your child have specific rights under the Privacy Rule. The psychologist will not retaliate against you/your child for exercising your/their right to file a complaint.