

HIPAA NOTICE FORM: Please review carefully.
Notice of Psychologist Policies and Practices To Protect The Privacy of Your Health Information

This notice describes how psychological and medical information about you/ your child may be used and disclosed and how you can access this information. The word “you” and “your” also references your child, if the latter is the client.

I. Uses and disclosures for treatment, payment, and health care operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, the following definitions apply:

- **PHI:** Information in your health record that could identify you.
- **Treatment:** Actions I take to provide, coordinate, or manage your health care and other services related to your health care. An
- **Payment:** Actions to obtain reimbursement for your health care.
- **Health care operations:** Activities that relate to the performance and operation of my practice, such as quality assessment, busi
- **Use:** Activities within my office and practice such as sharing, employing, utilizing, and analyzing information that identifies you
- **Disclosure:** Activities outside of my office and practice, such as sharing, employing, utilizing, and analyzing information that id
- **Authorization:** Your written permission to disclose confidential mental-health information. This requires your signature on a sp

II. Other uses and disclosures requiring authorization

I may use or disclose PHI for purposes outside of treatment, payment, or healthcare operations, when your appropriate authorization is obtained. In such cases, I will obtain an authorization from you before releasing this information. I will also need your authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are made about our conversations during counseling sessions. This also includes psychological testing data and the associated written report. I keep these notes/data/reports separate from the rest of your medical record; they are a given greater degree of protection than PHI.

You may revoke all such authorizations (PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization for treatment and/or assessment or if the authorization was obtained as a condition of obtaining insurance coverage; the law provides the insurer the right to contest the claim under the policy.

III. Uses and disclosures without authorization

- Child Abuse and Adult/Domestic Abuse
- Health Oversight Activities: If I receive a subpoena from the Virginia Board of Psychologists, I must disclose any PHI requested by the board.
- Judicial and Administrative Proceedings: If you're involved in court proceedings, and I receive a court order for your private information, I must provide all court ordered information. I will attempt to inform you first. This also applies to situations when disclosure is necessary to arrange for legal services to enforce or defend my legal rights.
- Serious Threat To Health or Safety of Self or Others
- National Security

Patient Rights and Psychologist Duties

A. Patient Rights

- **Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request.
- **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 at alternative locations. For example, you can request that your bills be sent to a location other than your home address.
- **Right to inspect and copy:** You have the right to inspect and/or obtain a copy of the PHI as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect and/or obtain a copy of Psychotherapy Notes, unless I believe the disclosure of the record will be injurious to your health. On your request, I 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. I may deny your request. At your request, I 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. Please ask if you would like me to discuss the details of the accounting process.
- **To a paper copy:** A copy of this HIPAA notice is posted in the office for your review. If you would like to receive a paper copy, please inform me.

B. Psychologist Duties

- I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this Notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you at your next scheduled appointment unless you request notification by mail.

C. Complaints

If you are concerned that I have violated your privacy rights or you disagree with a decision I made about access to your records, please discuss it with me; we will work together to resolve the issue. If we cannot reach agreement, I will refer you to someone who can help you. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

D. Effective Date, Restrictions, and Changes to privacy policy

This Notice will go into effect on April 13th, 2003. I reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that I maintain. I will inform you verbally and I will post a written copy of any new notices. You may also request a written copy.

**Sarah A. Hover, Ph.D., PLLC
Licensed Clinical Psychologist
10340 Democracy Lane
Fairfax, VA 22030
703-938-5234 ext. 5**

HIPAA -- The Health Insurance Portability and Accountability Act of 1996.

I have read the Privacy Notice and understand my rights regarding my Personal Health Information (PHI) and Psychotherapy Notes and how this information will be used, as presented in the Privacy Notice.

I consent to the use and disclosure of my PHI /Psychotherapy Notes for purposes of treatment, payment, or other health care operations. I understand and agree to the legally imposed required disclosures and the stated office practices, which do not require my signature for disclosure.

Other uses of my PHI/Psychotherapy Notes will require an authorization from me for the specific intention of the disclosure.

Signature

_____ on behalf of _____

Printed Name: _____

Date: _____

CONFIDENTIALITY AND ITS LIMITS

This document is supplemental to (but not less important than) the HIPAA Notice.

Note: All references to “you” or “your” as the client also apply to your minor child.

As a general rule, I will not disclose the information obtained from your contacts with me, or the fact that you are my client, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law. Some of these circumstances are what I determine to be best practice, whereas others are dictated by my professional ethics and/or are required by law.

It is my policy to provide information to others without your consent, in certain circumstances:

1. **Harm to self/others:** If I believe that you are at imminent risk for harming yourself or someone else, I will disclose information to the extent needed for insuring your safety and/or the safety of others.
2. **Vacations/emergency coverage:** My colleagues and I rotate emergency coverage. If they need information in order to assist you in my absence/unavailability, I will provide it without using your full name; feel free to discuss this with me in advance.
3. **Consultation and supervision:** To ensure that I am providing quality care, I sometimes meet with outside consultants. In addition, my colleagues and I participate in ongoing peer supervision where we function as consultants to each other. In either case, I will not reveal identifying information; your first name, only, will be used during our discussions.
4. **Collections and legal action:** If it is necessary to secure the services of an attorney or collection agency to collect fees, the personnel associated with those offices will have access to the necessary identifying information, including but not limited to your full name, address, and phone number.
5. **Paper records/voice mail/fax:** My office colleagues do not have access to your client record. Furthermore, we share an office voice-mail system that has private confidential voice mailboxes. However, our fax machine is shared and faxed documents are potentially in the view of others in the office for a short period of time.
6. **Email and electronic correspondence/storage:** If you are willing, I will communicate with you by email over the Internet. I personally open and personally respond to all email and my account is secured by a private pass code.
7. **Telephone call contact to you:** When it is necessary to leave you a voice email message on your telephone line, I will identify myself as Sarah Hover and leave a short message. I will attempt to limit the voice mail information to the minimum amount required to respond to your question. If you would prefer that I not proceed in this manner, please inform me.
8. **Drug Treatment:** If you are under 18, it is determined that specialized drug /chemical dependency treatment is needed, I will need to communicate this to your parents. Drug abuse treatment is not a service that I am trained to provide.
9. **Court Proceedings:** While it is very unlikely, disclosure of your confidential information may be necessary to arrange for legal services to enforce or defend my legal rights.
10. **National Security:** Under certain circumstances, disclosure of your health information to authorized federal officials may be required for lawful intelligence, counterintelligence, and other national security activities.
11. **HIPAA:** Please read and sign separate HIPAA document.

Virginia law requires psychologists to release information to others in certain circumstances:

Virginia therapists are required by law to report certain information. This includes suspicion of abuse or neglect of a child or of an aged or incapacitated adult. This must be reported to the Department of Social Services. Information that a psychologist is engaging in unethical or illegal practice must be reported to the Board of Psychology. For individuals, who are licensed by a health regulatory board and who are receiving therapy, I am required to report the latter, if I believe that your condition places the public at risk. Virginia law imposes upon therapists the legal duty to protect other members of society from harmful actions by their clients. Voiced threat of a direct harm to another person can result in notification to the potential victim, law-enforcement officials, and/or others as specified by the statute.

In Virginia court cases, therapist-client privilege may not apply in certain cases, including the following: criminal cases, adult and domestic abuse, child abuse cases, any court case in which your mental health is an issue, and in any case in which the judge “in the exercise of sound discretion, deems it necessary to the proper administration of justice.” This means that information

communicated to a therapist can be admitted as evidence in a court case against your wishes if a judge so rules. Others sometimes issue a subpoena seeking either treatment records for testimony from your present or former therapist as evidence in a court case, including child custody cases. If I receive such a subpoena, I will inform you immediately and, with your consent, will cooperate with your attorney in filing motions to quash the subpoena and requesting that the confidentiality of the therapy/assessment relationship be protected. However, only the judge may decide whether or not the requested information or records must be disclosed.

Virginia law allows certain others to request access to treatment records in specific circumstances. These include:

- Protective Service Workers to whom I have reported suspicion of abuse or neglect, if they so request
- Court Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders, and
- Evaluators involved in a minor's involuntary commitment to inpatient treatment, if they so request.

In such cases, I will make every attempt to limit the information disclosed by substituting an oral or written report rather than submit actual treatment records.

Clients under age 16: If you are under 16, Virginia law allows your parents to obtain information and/or records related to your treatment. **Parents of clients who are under age 16:** In general, I ask that you transfer the right to privacy to your child; you will, however, be kept informed of the important goals of therapy and how you can be helpful. Any specifics that are important for you to know, I will encourage your child to discuss with you, with my help if necessary.

Information to be provided to a third party payer only with your consent: If you wish to obtain third party reimbursements for mental health services, certain information must be provided. Typically that involves providing information about the dates of treatment, the type of treatment, and your diagnosis. You will process your own insurance claims and this information will be listed on the receipt I provide to you for that purpose. If you wish for me to provide more extensive information to your insurance company, you must provide written authorization. It is my policy to provide you an advance copy of the information being submitted to your insurance company.

I understand that if I receive mental health services from Sarah A. Hover, Ph.D. the above limitations may be imposed on confidentiality. I hereby accept those limitations of confidentiality and consent to receive service under those conditions.

Client signature: _____ **Date:** _____

CLIENT NAME: _____ **DOB:** _____

If the client is under age 18, both parent signatures are required.

Mother: _____ **Date:** _____

Father: _____ **Date:** _____