

NOTICE OF PRIVACY PRACTICES
Abundant Life Counseling VA
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Effective January 1, 2022

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Protected Health Information (PHI) is the term for personal information about you, your health, and your treatment which is contained in your health record. Abundant Life Counseling VA (ALCVA) is required by law to maintain the privacy of your PHI. This Notice of Privacy Practices (NPP) is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This NPP details your counselor's legal requirements under HIPAA and other federal or state laws, with regard to your PHI, including when disclosures are necessary and how those disclosures are generally handled. It also describes your rights regarding how you may gain access to and limit the use of your PHI. I am required to abide by the terms of this NPP. I reserve the right to change the terms of this NPP as needed, and the changes will apply to all the PHI I have about you. I will provide you with a copy of the revised NPP by posting a copy on my website, sending a copy to you, or providing a copy to you at your request.

As a general rule, your counselor will request your written consent prior to making a disclosure of your PHI. There are select exceptions to this, such as disclosures for treatment, payment and health care operations purposes. These exceptions are defined below. Any disclosures of your PHI not described in this NPP will require your written consent. If you have granted permission for a disclosure, you may revoke your permission at any time by contacting your counselor in writing.

By agreeing to be a client of the Abundant Life Counseling VA (ALCVA), you expressly agree to the following uses of your PHI for which ALCVA does not need to obtain a separate consent:

Treatment--Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services within ALCVA. This includes consultation with clinical supervisors or other treatment team members. Disclosures of PHI to outside consultants may only be made with your authorization, except in certain emergency circumstances.

Payment--I may use and disclose PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities include: Sending your PHI to your insurance company or health plan in order to receive payment for the health care services provided to you, and sharing your PHI with business associates such as billing companies or claims processing companies which ALCVA uses for operational support in billing and recordkeeping. If it becomes necessary to use collection processes due to lack of payment for services, I may send your bill to collections, but will only disclose the minimum amount of PHI necessary for purposes of collection of the overdue balance.

Health Care Operations--I may use or disclose your PHI in order to support our business activities, facilitate the efficient and appropriate operation of ALCVA, and to improve the quality of ALCVA services, including evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with services. I may also provide your PHI to my attorney, accountant, consultant, and others to make sure that I am in compliance with applicable laws, quality assessment, employee review, licensing, and to conduct or arrange for other business activities. ALCVA retains a HIPAA compliant, confidential electronic health record (EHR) database for healthcare operations, and unless you specifically request otherwise, consenting to treatment allows your counselor to enter basic demographic and billing data into the ALCVA EHR.

Child Abuse or Neglect--If your counselor has reason to suspect that a child is abused or neglected, she is required by law to report the matter immediately to the Virginia Department of Social Services. Where possible, your counselor will disclose their reporting to you, though they are not required to do so by law.

Vulnerable Adult Abuse or Neglect--If your counselor has reason to suspect that an elderly, disabled or incapacitated adult is abused, neglected or exploited, she is required by law to immediately make a report and provide relevant information to the Virginia Department of Social Services. Where possible, your counselor will disclose their reporting to you, though they are not required to do so by law.

Imminent Danger to Yourself or Others--I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to your own health or safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as a family member, a medical entity or law enforcement. Your counselor may also have a legal responsibility to notify any person whom you have disclosed that you intend to harm. Where possible, your counselor will disclose their reporting to you, though they are not required to do so by law.

Judicial Proceedings/Law Enforcement--I may be required to disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. I will seek your written consent to disclose this information; however, even without your consent I may be legally required to provide information if ordered by a judge, magistrate or grand jury. Depending upon your counselor's discretion and professional code of ethics, your counselor may elect to share information with law enforcement for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. If you are concerned about the possibility of this, please speak with your counselor.

Public Health--If required by law, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority.

Specialized Government Functions-- An authorization is not required to use or disclose PHI for certain essential government functions required by law, such as the proper execution of a military mission, conducting intelligence and national security activities or providing protective services to the President of the United States. Other instances of specialized government functions may include: security clearances, making medical suitability determinations for U.S. State Department employees or protecting the health and safety of inmates or employees in a correctional institution. These instances do not apply to the majority of clients, but if they do apply to your situation, please discuss these situations with your counselor. In instances of health determinations and security clearances, wherever possible your counselor will seek your written consent to release your PHI.

Medical Emergencies--I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Retroactive consent may be obtained in emergency situations.

As Required by Law-- I may disclose PHI about you when federal, state or local laws requires it. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of HIPAA.

Health Oversight Activities--I may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure activities.

Uses and Disclosures which require your consent:

The following uses and disclosures not specifically permitted by applicable law will be made only with your written authorization. You may revoke your written authorization at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

Family Involvement in Care--Your counselor may provide your PHI to a family member, friend, or other individual who you designate, with your written permission. I will only do this with your permission, unless there is an emergency in which you are unable to provide consent. In such emergency cases, retroactive consent may be obtained once you are medically stable.

For Coordination of Treatment--Your counselor may ask to contact one or more of the providers you are working with (primary care doctor, psychiatrist, previous therapist) or have worked with in the past, for consultation, in order to provide you the best possible care. If such coordination is requested, your therapist will request that you sign a written release of information before contacting any provider outside of ALCVA.

Most Uses and Disclosures of Psychotherapy Notes—Psychotherapy notes are notes which are not included in your record, but which your counselor may make for his/her own purposes. These records are kept separate from your client record, and may include such things as the counselor's ongoing formulation and thoughts about how best to proceed with care, or possible hypotheses or observations which are not pertinent to include in your client record. These notes are not required to be released under HIPAA, however they may be subpoenaed or requested by you. Counselors are not required by law to provide Psychotherapy Notes to you or to any other party, unless they are subpoenaed by a court of law, though you may request their release.

Research--PHI may only be disclosed after a special approval process and with your authorization. Currently ALCVA does not conduct any research involving clients or client care. Should this change, ALCVA will seek your consent before using any of your PHI in any research.

Most Uses and Disclosures of PHI for Marketing Purposes—Unless a client specifically requests to be added to our mailing list, ALCVA does not use or disclose PHI for marketing purposes. Should this internal policy change, ALCVA would be required to obtain your consent in order to use or disclose your PHI for marketing purposes.

Deceased Patients--I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent.

Other Uses and Disclosures Not Described in this NPP—Should there be other optional disclosures, not required by law, that are not covered by this NPP, ALCVA policy is for your counselor to seek your consent prior to releasing your PHI, except in case of emergency.

Client Rights:

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please speak to your ALCVA counselor or submit your request in writing to your ALCVA counselor.

Right of Access 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 and allow me time to provide access to your record. If you request a copy of the information, ALCVA may charge a fee for costs of copying and mailing. Under certain circumstances your counselor may deny your request. These include circumstances such as, but not limited to: If your counselor believes that access to your record may actually cause harm to you or another person; or, If your health record also contains the PHI of any other individual. For example, if you have been in couples or family counseling, your counselor is legally required not to release any information that includes the PHI of another person involved in the treatment, unless that person provides their express written consent. If your counselor denies you access to part of all of your record, she will give you the reasons for the denial and explain your right to have the denial reviewed.

Right to Amend--If you feel that the PHI in your record is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me, which will be included in your record. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures--You have the right to request an accounting of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions--You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request, unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

Right to Request Confidential Communication--You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

Breach Notification--If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

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

Complaint Procedure:

If you believe I have violated your privacy rights, you have the right to contact or/and file a written complaint with the U.S. Department of Health and Human Service. You will not be retaliated against or penalized by ACLVA for filing a complaint.