

Beach Neuropsychology Services LLC

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 01/01/2023

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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 Beach Neuropsychology Services (BNS). HIPAA establishes standards for privacy and covers oral, written, and electronic communication that involves your Protected Health Information (PHI).

BNS will make sure the privacy of your PHI is always maintained as mandated and we are committed to insuring your PHI is protected and that you always have access to that information as required by law. We ask that you carefully read this Notice of Privacy Practices. You also have certain rights regarding your PHI. If you have any questions, please feel free to speak with your provider.

This notice describes how your PHI may be used or disclosed and how you can access this information. BNS is providing this information to comply with HIPAA Privacy Regulations. You will be asked to sign this form giving BNS permission to file claims with your insurance company and confirm that you have read this notice. As a general rule, your provider will never disclose your PHI or the fact that you are a patient without your written consent. You have the right to stop BNS from disclosing your PHI. There are important exceptions to BNS 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 statute numbers if you so request or they can be read online at https://www.dhp.virginia.gov/psychology/psychology_laws_regs.htm.

1. BNS 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. This may include providing your first name for identifying your call.

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

BILLING/COLLECTIONS - BNS's billing and collections employees/contractors will have access to your PHI necessary for preparing monthly statements and submitting insurance claims. If you are using health insurance, please note that your insurance company will require a diagnosis. You may choose not to use your health insurance and instead pay privately out of pocket to avoid the necessity of submitting a diagnosis to your health insurance company for the purposes of reimbursement. Please discuss this with your provider directly. You have the right to restrict certain disclosures of PHI to a health plan if you pay out of pocket in full. If we must use a collections agency, we will provide them with the necessary information to obtain payment.

EMPLOYEES/ANSWERING SERVICE - Office colleagues do not have access to other providers' records except in the case of on-call coverage as discussed above. All providers share receptionists/answering service who 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 required to report this to the Department of Social Services. Protective Services 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 provider will attempt to limit the information disclosed by substituting oral or written reports in such cases. With regards 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 another 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 services, and if your condition places the public at risk, your provider may be required to port this to your licensing board.

SUBPOENA - In Virginia, therapist-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 may require BNS to place your PHI in a sealed envelope to be delivered to the Clerk of Court 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 determine whether or not your 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 - BNS 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 for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or 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 may also release PHI to the appropriate foreign military 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.

2. INFORMATION TO INSURANCE COMPANIES OR 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 services at BNS. You must decide whether to give consent for BNS to release necessary information to your insurance company or other third party payer for us to receive reimbursement. Once consent is granted to release information to your insurance company or other third party payer, BNS will then need to submit information to process claims. This usually involved providing information about your diagnosis and dates/types of services; however, it may include more detailed clinical information if this is

requested by your insurance company. You should know that information we provide could subsequently be entered into a computerized database, as 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 you health care plan.

You have the right to restrict certain disclosures of PHI to a health plan if you pay out of pocket in full for services.

HEALTH OVERSIGHT ORGANIZATIONS - BNS 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 - BNS may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is deemed 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.

3. PATIENT RIGHTS

REQUEST ACCESS - You have the right to submit a written request to inspect and obtain a copy of your PHI, except psychotherapy notes, for as long as the PHI is maintained in your records unless your provider has determined that the requested access may: 1) 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 exceptions indicated above. A fee may be charged for the cost of copying and mailing.

AMEND - If you feel that the PHI in your chart is incorrect or incomplete, you have the right to request in writing that your provider amend your PHI for up to six (6) years from the date the records 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 information 1) was not created by your provider, 2) is not part of the medical information kept by your provider, 3) is not part of the information which you would be permitted to inspect or copy, 4) if the record is 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 or authorization. BNS is only required to account for disclosures within the six (6) years prior to the date of the request for the accounting. BNS

does not have to account for disclosures 1) for treatment, payment and health care operations, 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 overhead by another person), 5) to correctional institutions or law enforcement officials, 6) for national security or intelligence purposes.

REQUEST RESTRICTION - You have the right to request restrictions on certain uses and disclosures of PHI 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 payment for 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 you are receiving our services. Upon your request, we will send bills/other communication to another address. You may also request that we only contact you at work or that we do not leave a voicemail 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 the 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 of unsecured PHI, you will be notified without reasonable 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 BNS has taken to investigate the incident, mitigate harm, and protect against further breaches.

4. **CHANGES TO THIS NOTICE** - BNS reserves the right to change Privacy Practices.
5. **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. All complaints must be made in writing. You will not be penalized for filing a complaint.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.