

## **Breakthrough Mental Health Counseling**

### **NOTICE OF PRIVACY PRACTICES**

This notice was updated on 7/31/2024

This notice is required by the Health Insurance Portability and Accountability Act (HIPPA) and describes how protected health information may be used and disclosed and how you can access this information. Please review this document carefully, in its entirety.

#### **I. Our Responsibilities and Duties**

Your health record is a written account regarding you and your health. In your health record, there are certain aspects which identify you and relates to your current and past health and healthcare services, which is known as protected health information (PHI). At Breakthrough Mental Health Counseling (“we,” “us,” “our”), we understand the importance of the information you share and are committed and legally obligated to maintain the privacy and security of your PHI in accordance with federal law. HIPPA stipulates, we provide you with a notice, which describes the following information: (i) uses and disclosures of your PHI; (ii) your rights regarding your PHI, (iii) our legal duties regarding your PHI; and (iv) who to contact for further information.

When it comes to sharing and protecting your PHI, we are obligated to abide by the terms of this notice in accordance with HIPPA. We have the right to change the policies stated within this document at any time and such changes will apply to all PHI maintained by Breakthrough Mental Health Counseling. When changes to this policy are made, the updated version will be posted on our website and a copy will be available upon request. We are also required to notify you should there be a breach of your information.

#### **II. How Your Information May Be Used and Disclosed**

There are certain instances which may arise, in which I am mandated to report necessary information to the appropriate authorities. When these instances arise, Breakthrough Mental Health Counseling will share the necessary and required information needed. These instances include the following:

1. When information regarding known or suspected harm, abuse, or neglect of a minor is disclosed, in accordance with Virginia statute 22VAC40-705-40 we are mandated to disclose such information to Child Protective Services.
2. When information regarding known or suspected abuse, neglect, or exploitation of an aged or incapacitated adult is disclosed, in accordance with Virginia statute 63.2-1606 we are mandated to report this information to Adult Protective Services

3. In accordance with Virginia state statute 54.1-2400.1, when someone discloses a clear and immediate threat to cause harm to another person, we are mandated to make reasonable attempts to notify the potential victim.

In addition to the above mandated limits of confidentiality, there are additional ways in which I may use and disclose protected health information. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories. These categories include:

1. Treatment, payment and healthcare operations: your information is used and may be disclosed in the treatment, payment and healthcare operations of Breakthrough Mental Health Counseling. This may include but is not limited to sending necessary documentation to your insurance company and consultation between healthcare providers.
2. Court order: PHI may be disclosed in response to a court order. If this occurs, only the necessary and required information will be disclosed.
3. Organ and tissue donation: PHI may be disclosed to organizations which handle organ and/or tissue donation or procurement
4. Business Associates: we may utilize third party companies to provide services for our company. For third party companies who may have access to your PHI, we have business associate agreements in place to safeguard your information.
5. Research purposes, public health, or healthcare operations
6. Workers compensation purposes
7. Individuals paying for your care: PHI may be released to individuals involved in the payment of your care
8. As required by state or federal law, statute, regulation, or court order
9. Public Health Activities: this includes but is not limited to, communicable disease, reporting suspected child, elder, or dependent adult abuse, preventing or reducing a serious threat to anyone's health or safety, and in compliance with the FDA, OHSA, MHSA.
10. Health oversight activities, including audits and investigations.
11. For judicial and administrative proceedings, including responding to a court or administrative order
12. For law enforcement purposes, including reporting crimes occurring on my premises.
13. Decedents: this includes but is not limited to funeral directors, coroners, and medical examiners
14. To inform you of related benefits and services
15. For essential government functions which include but is not limited to protecting the president of the United States, intelligence and counterintelligence operations, and to protect the safety of those working in or housed in correctional facilities.
16. To defend myself in legal proceedings
17. To protect public health and safety
18. To make required police reports

19. In response to a subpoena: I may disclose PHI in response to a subpoena. However, prior to responding we will make reasonable efforts to notify you or seek a qualified protective order.
20. Upon compliance, review, investigation, or enforcement action by HHS
21. When there is serious threat to health or safety

Any additional uses and disclosures of PHI, not listed above, will only occur with your written authorization. You have the right to revoke your authorization at any point, although this would only apply to future disclosures. Your authorization will be obtained prior to us:

1. Using or disclosing PHI for marketing purposes
2. Using or disclosing PHI for constitution of a sale
3. And regarding most uses and disclosures of your psychotherapy notes

### **III. Your Rights**

Unless otherwise required by law, your health record is the physical property of the practitioner or business (Breakthrough Mental Health Counseling) which compiled it. Although, you have certain rights regarding this information which includes:

1. The right to receive a copy of this notice
2. The right to request restrictions on the use and disclosure of your PHI- You may ask that your information be restricted or not shared. However, Breakthrough Mental Health Counseling holds the right not to agree.
3. The right to request your information not be shared with your insurance company if services are being paid for in-full out-of-pocket
4. The Right to ask to be contacted in a different place or way- You have the right to ask me to contact you in a specific way (for example, home or office phone), or to send mail to a different address.
5. The right to inspect and obtain a copy of your PHI- You may ask me to inspect or provide a copy of all or part of your PHI. This request should be made in writing.
6. The Right to Correct or Update Your PHI- you may request something in your record be changed or added. If we believe the information which you are requesting be added or changed, is not accurate, the information will not be changed but your request will be noted in your file. Under certain circumstances your request may be denied.
7. The right to receive an accounting of disclosures- You may request a report informing you of when and why your information was used. However, there are certain exceptions to this which will be discussed in further detail upon request.
8. The right to request that a legal guardian or power of attorney act for you
9. The right to file a complaint- for more information regarding how to file a complaint see the below section titled "For More Information Or To Report a Problem"

### **IV. FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you believe that your privacy has been violated, you may file a complaint with Breakthrough Mental Health Counseling or with the Secretary of Health and Human Services in Washington,

D.C. We will not retaliate or penalize you for filing a complaint with us or the Secretary. To file a complaint with us or receive more information contact us at 301-246-2006. To file a complaint with the Secretary of Health and Human Services write to 200 Independence Ave., S.E., Washington, D.C. 20201, call 202-619-0257, or file an online complaint at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

By signing this form, I hereby acknowledge that I have received a copy of Breakthrough Mental Health Counseling's Notice of Privacy Practices. I understand that I have the right to rescind this agreement at any time.