



HIPAA Notice of Privacy Practices and Policies

The Westwood Group Privacy Notice
Effective April 14, 2003

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.

Your Privacy Is Important

The Westwood Group understands and respects your need for privacy. We are required by law to maintain the privacy of protected health information, which is information in your record that could identify you. We are required to notify you of our legal duties and privacy practices in regard to protected health information. We are further required to adhere to the terms of this notice. We will handle your protected health information only as allowed by federal and state law and according to this practice's policies, using the most rigorous law that protect your health information.

If at any time you believe that your privacy rights have been violated, you may contact any of the following sources verbally or in writing:

- Westwood Group Privacy Officer
- State Advocate
- Secretary of Health and Human Services of the federal government

Contact information is listed at the end of this notice. Utilizing this right will cause no change in services provided to you nor will it lead to retaliation from anyone in this practice.

Your federally defined rights under 45 CFR Parts 160 and 164 (HIPAA Privacy Standards), and under The Commonwealth of Virginia's Administrative Code, Title 12, sections 35-115-80 and 35-115-90 (Human Rights)

Each time that you receive services from The Westwood Group, the provider makes a record of the visit. The record generally contains diagnosis, changes in functioning, intervention(s), and plans for future services. You should be aware of the following rights concerning your protected health information:

- You have the right to inspect or request copies of your medical record. You must make this request your provider or to the Westwood Group Privacy Officer. The request is confidential. This right is not an absolute. If access could cause harm, we can deny your request. If denied, you will be given a timely, written notice that includes the reason for the denial. The notice will become a part of your record.
- You have the right to request an amendment of your medical record if you believe the information in the record is inaccurate or incomplete. You must make this request to your provider or to the Privacy Officer. We may deny the request for appropriate reasons. You will be provided a written explanation of the denial.

- You have the right to receive an accounting of The Westwood Group disclosures of your protected information that were not for the purposes of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone other than employees of The Westwood Group that received information about you from the Westwood Group.
- You have the right to request from your provider a restriction regarding the use or disclosure of your protected health information. We will give this request serious consideration. You will promptly be informed whether we can honor the requested restriction while continuing to offer effective services, receive payment, and maintain health care operations. We are not legally required to agree to any restrictions. If we agree to do so, we are bound by the agreement except under certain emergency situations.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your provider. We will accommodate all reasonable requests.

You have the right to obtain a paper copy of this Privacy Notice at any time upon your request.

Use and Disclosure of Your Information

Upon signing The Westwood Group consent form and financial agreement you are allowing us to use and disclose necessary information about you within the practice and with business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct our day-to-day health care operations.

Examples:

Your provider may consult with other providers in The Westwood Group in order to effectively render service to you. During those consultations health information about you may be shared.

In order to receive payment for services provided, your health information may be sent to those companies or groups responsible for reimbursement. A monthly statement may be sent to the responsible party identified by you and noted on the financial agreement.

In daily health care operations, trained staff may handle your physical medical record in order to prepare it for your provider's use or for filing or to obtain information used for billing purposes.

Emergencies

We may use or disclose necessary protected health information about you in an emergency situation. In the event that this occurs, we will notify you as soon as reasonably possible.

Individuals Involved in Your Care or Payment for That Care

Unless you object, The Westwood Group may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone that you identified as an individual that helps pay for your care.

Specific Circumstances for Disclosure

Federal and state law allows The Westwood Group to disclose specific health information about you in the following specific circumstances:

- As required by law. For example, reports required for public health purposes such as reporting certain contagious diseases.
- Judicial and administrative proceedings such as an order from a court, or legal counsel for The Westwood Group or for your provider.
- Law enforcement purposes. For example, material witnesses, missing persons, criminal conduct on premises.
- To avoid a serious threat to the health and safety of another person, such as in response to a specific threat made by a person to harm another.
- Children or incapacitated adults that are victims of abuse, neglect, or exploitation.
- Health oversight activities by the Westwood Group
- Military services. For example, in response to appropriate military command to assure the proper execution of the military mission.
- National Security and Intelligence activities such as those authorized by the National Security Act or in relation to protective services to the President of the United States.
- State Department requests such as medical suitability for the purpose of security clearance.
- Correctional facilities. For example, to a correctional facility about an inmate.
- Workers Compensation to facilitate processing and payment.
- Coroners and medical examiners for identification of a deceased person or to determine cause of death
- To the department of Health and Human Services in connection with an investigation of The Westwood Group for compliance with federal regulations.

Substance Abuse Regulations

The use and disclosure of protected health information for substance abuse patients is subject to additional regulations under federal law. Some regulations may prohibit the uses and disclosures outlined in this notice. If such a case occurs, we will adhere to the more restrictive abuse regulations.

Other Uses and Disclosures of Your Information by Authorization Only

The Westwood Group is required to obtain your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an authorization form that specifies what information will be provided to whom, and for what purposes. You or your legal representative must sign the form. You have the right to revoke the authorization at any time with a written statement unless we have acted on the request.

Changes to Privacy Practices

The Westwood Group reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law. Changes will be effective for all protected health information that we maintain.

The Westwood Group will post all revised Privacy Notices at all service sites. They will be available upon a verbal or written request made to your provider, another Westwood Group provider, or staff of the Westwood Group.

For additional information concerning our Privacy Policy or the federal and state laws pertaining to privacy, please contact:

- Your provider
- Privacy Officer
The Westwood Group
5821 Staples Mill Road Richmond, Virginia 23228
(804) 264-0966
- Regional Advocate,
Virginia Secretary of Health & Human Services
202 North 9th Street, Suite 622
Richmond, Virginia 23219
(804) 786-7765
- Secretary of Health & Human Services
Hubert Humphrey Building
2000 Independence Avenue, S.W. Washington, D.C. 20201
(202) 690-7000

INFORMED CONSENT TO TREATMENT

As your mental health professional, I will disclose no information obtained from your contacts with me or the fact that you are my patient, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law:

1. It is my policy to provide information to others without your further consent, in certain circumstances:
 - a) Harm to Yourself or Someone Else. (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 or the safety of others.)
 - b) Vacations and Emergencies. (When I am on vacation or away from the office for extended periods of time, a colleague may cover for my practice and take emergency calls. If she/he will need information in order to assist you in my absence, I will provide it without using your full name; you and I will discuss that plan in advance.)
 - c) Consultation. (To insure that I am providing quality care, I sometimes meet with a consultant. In so doing, I do not reveal identifying information. I will provide names of my consultants upon request.)
 - d) Answering Service. (On nights and weekends, I use the Hello, Inc. Answering Service. They understand my confidentiality policies, and after paging me they will keep no record of your name or phone number.)
 - e) Billing Service. (The Westwood Group office staff has access to the information necessary for preparing monthly statements and submitting insurance claims.)
 - f) Partners and Employees. (My office partners do not have access to my records. However, we share a clerical staff which takes messages when the office is open.)
2. Virginia law requires psychologists to release information to others in certain circumstances:
 - a) Virginia therapists are required by law to report certain information:
 - 1) Suspicion of abuse or neglect of a child or of an aged or incapacitated adult must be reported to the Board of Social Services.
 - 2) Information that a Psychologist is engaging in unethical or illegal practice must be reported to the Board of Psychology.
 - 3) If you are licensed by a Health Regulatory Board, I am required to report that you are receiving therapy if I believe that your condition places the public at risk.
 - b) Virginia law imposes upon therapists the legal duty to protect other members of society from harmful actions by their patients. Voiced threats of direct harm to another person can result in notification of the potential victim, law enforcement officers, and/or others as specified by statute.
 - c) In Virginia court cases, therapist-patient privilege may not apply in certain cases, including::
 - 1) criminal cases
 - 2) child abuse cases
 - 3) any court case in which your mental health is an issue, and/or
 - 4) 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 or 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 relationship be protected. However, only the judge may decide whether or not the requested information or records must be disclosed.
 - d) Virginia law allows certain others to request access to treatment records in specific circumstances, including
 - 1) Protective Service Workers to whom I have reported suspicion of abuse or neglect, if they so request;
 - 2) Court-Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders and
 - 3) Evaluators for minors' 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.

- d) If you are under 18, Virginia law allows your parents to obtain information and/or records related to your treatment. There is an exception to this if you are in treatment for drug or alcohol abuse (substance abuse).

3. Information will be provided to third party payers, i.e., insurance companies, only with your consent:

If you wish to obtain third party reimbursement for mental health services, certain information must be provided. You must decide whether to give consent for me to release the necessary information to an insurance company (or other third party payer) in order to receive reimbursement. Initially, that usually involves providing information about dates of treatment, type of treatment, and nature of your problem (diagnosis). If I receive requests for further information, these will be disclosed with you before the information is provided.

Regarding Managed Care Insurance:

If your insurance company contracts with a company to administer (manage) the mental health portion of your health care benefits, this is called managed care. Many managed care companies require that you obtain a referral from your primary care physician and/or pre-authorization from a case manager in order to receive mental health services. In advance, (1) we will discuss possible limits on the benefits available through your plan; (2) we will review a Treatment Plan so that you understand what information I would be required to submit in order to request authorization for your treatment; and (3) we will discuss the payment plan that will be in effect in the event that our work together continues past the point when third party authorization/reimbursement is no available.

Most managed care companies initially authorize a limited number of sessions, then require that I complete a form (Outpatient Treatment Plan) pertaining to your presenting issues, your diagnosis, a brief description of your current situation, and goals for our work together. If additional sessions are authorized, updated Treatment Plans about your progress may be required throughout our work together; we will discuss the content of each Treatment Plan before it is sent to the managed care company.

As a consumer of mental health services, you need to know that the information provided to any third party becomes a permanent part of your file with them, and that neither you nor I will have control over the further confidentiality of that information, including whether it is made available to an insurance data bank and/or your employer or is re-released for other purposes.