

Lynn J. Piper, Ph.D., PLLC
Licensed Clinical Psychologist
Animal Assisted and Trauma Therapist

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**Notice of Psychologists' Policies and Practices
to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND/OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Lynn J. Piper, Ph.D. values your privacy and the confidentiality of your personal and health information entrusted to me. I am committed to protecting your confidentiality to the full extent of the law. In order to protect your privacy Federal and state laws, as well as my policies and procedures limit disclosures of personal information to those minimally necessary for the mental and/or medical care of you, those for which the client has given permission, and/or those required by law or public safety. In areas where your written consent is not necessary, please be assured that I will nevertheless make every effort possible not to share information about you without your knowledge.

In the event of procedural changes in my services and/or any changes in the Privacy law, I reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that I maintain. The newly updated form will be posted in the office waiting room and a copy will be provided to you upon request.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Lynn J. Piper, Ph.D. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when you directly pay for your healthcare services and subsequently decide to get reimbursed by your health insurance. (An example would be when I disclose your PHI to your health insurer to help you obtain reimbursement.)
 - *Health Care Operations* are activities that relate to the performance and operation of my services. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Lynn J. Piper, Ph.D. may use or disclose PHI for purposes outside of treatment, payment, and health care operations, such as marketing, sale of PHI, or other uses, only when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In these cases, I will obtain an authorization from you before releasing this information. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about your conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have already acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Lynn J. Piper, Ph.D. may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If, in my professional capacity, a child comes before me which I have reasonable cause to suspect is an abused or maltreated child, or I have reasonable cause to suspect a child is abused or maltreated where the parent, guardian, custodian or other person legally responsible for such child comes before me in my professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, I must report such abuse or maltreatment to the statewide central register of child abuse and maltreatment, or the local child protective services agency.
- **Adult and Domestic Abuse:** If I have reason to suspect that an adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, I may be required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me, in any manner, a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person or to your own person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect third parties or you. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.
- **Worker’s Compensation:** If you file a worker's compensation claim, and I am treating you for the issues involved with that complaint, then I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

IV. Client's Rights and Psychologist's Duties

Client's Rights:

- a) *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. Lynn J, Piper, Ph.D. will seriously consider your request, although I am not required to agree to a restriction you request. I will discuss my decision with you, if possible, before I act on that decision.
- b) *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 and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, Lynn J, Piper, Ph.D. will send your bills to another address.)
- c) *Right to Inspect and Copy* - You have the right to inspect or obtain a copy of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for 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. On your request, I will discuss with you the details of the request and denial process.
- d) *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. On your request, I will discuss with you the details of the amendment process.
- e) *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- f) *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from us upon request, even if you have received the notice electronically, such as reading the notice on my website.
- g) *Right to be notified* – You have the right to be notified following a breach of unsecured PHI.

Psychologist's Duties:

- a) Lynn J. Piper, Ph.D. is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- b) Lynn J. Piper, Ph.D. reserves the right to make changes to this notice upon changes in the Privacy Rule Law. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- c) If Lynn J. Piper, Ph.D. revises my policies and procedures, an updated copy will be available in the office, and a copy can be provide upon request.

V. Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me, Lynn J. Piper, Ph.D. at 703-424-0384.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to:

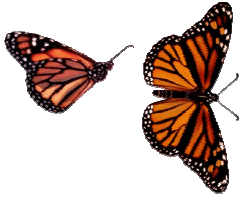
Lynn J. Piper, Ph.D. 7019 Backlick Court, Springfield, VA 22151

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on March 26, 2013.



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**Consent regarding the Notice of Psychologists' Policies and Practices
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I hereby acknowledge that I have read, understood, and been given the opportunity to ask questions or seek clarification concerning the details of Lynn J. Piper, Ph.D.'s Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information. I also acknowledge that I have been given copy of the Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information.

Signature

Date

Printed Name

Signature of Person Witnessing Consent

Lynn J. Piper, Ph.D., PLLC

This form will be retained in your medical records.