

**PBP Psychotherapy, Ltd**  
**NOTICE OF PRIVACY PRACTICES**

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

**OUR PLEDGE REGARDING MENTAL HEALTH INFORMATION**

We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by PBP Psychotherapy Ltd. (PBP).

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:

- Make sure that protected health information about you is kept private
- Offer you this notice of our legal duties and privacy practices with respect to protected health information about you
- Follow the terms of the notice that is currently in effect

**What is “Protected Health Information”?**

“**Protected Health Information**”(PHI) is information that identifies who you are and relates to your past, present, and/or future physical or mental health condition, the provision of health care to you, or past, present, and/or future payment for the provision of health care to you. **Protected Health Information** does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

**Purpose of this Notice**

In the course of doing business, we gather and maintain **PHI** about our clients. We respect the privacy of your **PHI** and understand the importance of keeping this information confidential and secure. This notice describes our privacy practices and how we protect the confidentiality of your **PHI**. We are obligated to maintain the privacy of your **PHI** by implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this Notice about our legal obligations to maintain the privacy of your **PHI**. We must follow our Notice that is currently in effect.

**How we protect your Health Information**

We restrict access to your **PHI** to those employees who need access in order to provide services to our clients. This may include but not be limited to office staff, Residents-in-Counseling, Interns and Practicum Students. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your **PHI** against unauthorized use or disclosure.

**Types of Use and Disclosure of Protected Health Information We May Make Without Your Authorization**

**Treatment; Payment; Health Care Options**

Federal and State law allows us to use and disclose your **PHI** in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you. We may disclose your **PHI** to health plans or other responsible parties to receive payment for the services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

We may also use or disclose your **PHI**, for example, to recommend to you treatment alternatives that may

be of interest to you, or to contact you to remind you of your appointments. We may use and disclose protected health information to tell you about health related benefits or services that may be of interest to you. We conduct these activities to provide health care to you, and not as marketing.

Your information may be used and disclosed to provide better health care services. The information may be used for education, performance improvement, quality enhancement, process improvement, customer service and community relations.

We are also allowed by law to use and disclose your **PHI** without your authorization for the following purposes:

1. When required by law – In some circumstances, we are required by federal or state law to disclose certain **PHI** to others, such as public agencies for various reasons;
2. For Public Health Activities – Such as reports about communicable diseases, defective medical devices to the FDA or work-related issues; to notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
3. Reports about child and other types of abuse or neglect, or domestic violence;
4. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing health care providers;
5. For law enforcement purposes – Such as responding to a warrant, or reporting a crime or to identify or locate a suspect, fugitive, material witness or missing person;
6. For lawsuits and other legal disputes – in connection with court proceedings or proceedings before administrative agencies, or to defend us in a legal dispute. We do not create or maintain psychotherapy notes;
7. Reports to coroners, medical examiners, or funeral directors – To assist them in performance of their legal duties;
8. For tissue or organ donations – To organ procurement or transplant organizations to assist them;
9. For Custodial Situations – If you are an inmate of a correctional institution or in the custody of a law enforcement official, your information may be disclosed to the correctional institution or to the law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution;
10. For research – to medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your **PHI**;
11. To avert a serious threat to the health or safety of you or other members of the public;
12. Military members – If you are member of the armed forces, we may release information about you as required by the military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority;
13. For national security and intelligence/military activities – Such as protection of the President or other foreign dignitaries; and
14. In connection with services provided under workers' compensation laws.

We may also disclose your **PHI**, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. Your information may be disclosed to notify, or assist in the notification of a family member, personal representative or another person responsible for your care, of your location, general condition or death, unless you object. We may also notify disaster relief organizations to assist them with their relief efforts.

You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed

to lessen a serious and imminent threat to health or safety.

You, as a parent, can generally control your child's **PHI**. In some cases, however, we are permitted or even required by law to deny your access to your child's **PHI**, such as when your child can legally consent to medical services without your permission.

There are some types of **PHI**, such as HIV test results or mental health information, which are protected by stricter laws. However, even such **PHI** may be used or disclosed without your written authorization if required or permitted by law.

### **Authorizations**

All other uses and disclosures of your **PHI** must be made with your written authorization.

If you need an authorization form, we will send you one for you or your personal representative to complete. When you receive the form, please fill it out and send it to the following address:  
PBP Psychotherapy Ltd, 110 Maycox Avenue, Suite 3, Norfolk, VA 23505 Attn: Medical Records  
You may revoke or modify your authorization at any time. This request must be in writing. You may send a written request to us at the same address. Or, you may set a time to come in and revoke the authorization by signing the revocation portion of the original Release. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

### **Your Rights Regarding Your Protected Health Information**

#### **Access to Your Protected Health Information**

You have the right to review and copy your **PHI** that we maintain. Usually this includes medical and billing records, but does not include psychotherapy notes. If you wish to access your **PHI**, please write to us. We will respond to your request within 30 days and tell you when and where you can review your **PHI** in our possession within our normal business hours. If you would like a copy, we may charge a reasonable administrative fee for copying, mailing, and other supplies associated with your request to the extent permitted by applicable law. If we deny your request for review or copy of your **PHI**, we will explain the reason in writing. You may request that the denial be reviewed; another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. The cost of this review is your cost and must be paid prior to the review. We will comply with the outcome of the review. If we don't have your **PHI**, but know who does, we will tell them whom to contact.

#### **Right to Amend Your Protected Health Information**

You have the right to request amendments to your **PHI**. If you wish to have your **PHI** corrected or updated, please contact us either by writing to us or calling us to request a Request for Amendment to Medical Record form. Once completed and returned to us we will respond to you in writing within 60 days, either accepting or denying your request. If we deny your request, we will explain why. Please clearly indicate that you want the addendum to be included in your **PHI**. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment, 2. Is not part of the medical information kept by or for us, 3. Is not part of the information which you would be permitted to inspect and copy, or 4. Is accurate and complete. Your amended **PHI** will be available for your review upon request.

#### **Right to Receive an Accounting or Disclosures of Your Protected Health Information**

You have the right to request an accounting of certain disclosures that we make of your **PHI**. You can request an accounting of the previous 6 years by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operation, need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request.

#### **Right of Notification**

If a breach of your **PHI** occurs that may have compromised the privacy or security of your information, you will be notified promptly.

**Right to Receive a Copy of This Notice**

You have the right to request and receive a paper copy of this Notice.

**Right to Request Restrictions**

You have the right to request restrictions on how we use and disclose your **PHI** for our treatment, payment, and health care operation. All requests must be made in writing and you must include (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restriction. Your **Protected Health Information** is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your **PHI**, and that additional restrictions may be harmful to your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Right to Confidential Communications**

You have the right to request that we provide your **PHI** to you in a confidential matter. For example, you may request that we send your **PHI** by alternate means (e.g. sending by a sealed envelope, rather than a post card) or to an alternate address (e.g. calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

**Questions about Your Privacy Rights**

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint; direct your inquiries to: PBP Psychotherapy, Ltd, 110 Maycox Avenue, Suite 3, Norfolk, VA 23505 ATTN: Privacy Officer  
You may contact the appropriate state agency with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint against us. You will be required to submit the complaint in writing to PBP. Complaints to the Secretary of the Department of Health and Human Services must be in writing.

**Rights Reserved**

We will use and disclose your **PHI** to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire **PHI** we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice and unless the law requires the changes, we will not implement material changes to our privacy practices before we revise our Notice. We reserve the right to make the revised or changed notice effective for medical information already maintained as well as any information received in the future. A copy of the current Notice will be posted in the waiting area. The Notice will contain on the bottom of the last page the effective date. You may request updates to this Notice at any time.

**Addresses on File**

PBP has patient demographic and other data on file. Information related to you or your patient information may include or be sent to any past, current, or future addresses on file for you or your parents, guardian, account guarantor, or insurance policy holders on record. If you have any concerns regarding any address that could be on file for you or your parents, guardians, account guarantors, or insurance policy holders, contact the privacy officer.

**Effective Date**

The effective date of this Notice is April 22, 2021.