

**Shenandoah Psychiatric Medicine
19 Briar Knoll Ct., Suite 1
Fishersville, Va. 22939**

Notice to Patients

To Protect the Privacy of Your Health Information

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

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

Shenandoah Psychiatric Medicine 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 **Shenandoah Psychiatric Medicine** provides, coordinates or manages your health care with your family physician, another health care provider and mental health clinician.
 - *Payment* is when **Shenandoah Psychiatric Medicine** obtains reimbursement, eligibility, coverage or authorization for your healthcare.
 - *Health Care Operations* are activities that relate to the performance and operation of **Shenandoah Psychiatric Medicine**. Examples of health care operations are quality assessment, administrative services and case management.
- “*Use*” applies only to activities within Shenandoah Psychiatric Medicine’s business office and clinicians and network providers.
- “*Disclosure*” applies to activities outside Shenandoah Psychiatric Medicine, such as releasing information about you.

II. Uses and Disclosures Requiring Authorization

Shenandoah Psychiatric Medicine may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. When Shenandoah Psychiatric Medicine is asked for information for purposes outside of treatment, payment and health care operations, Shenandoah Psychiatric Medicine will obtain an authorization from you before releasing this information.

You may revoke all such authorizations (of PHI or progress notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Shenandoah Psychiatric Medicine has relied 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

Shenandoah Psychiatric Medicine may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If Shenandoah Psychiatric Medicine has reasonable cause to believe that a child has been abused or neglected, Shenandoah Psychiatric Medicine must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If Shenandoah Psychiatric Medicine has reasonable cause to believe that an older person has been abused, neglected, exploited or isolated, Shenandoah Psychiatric Medicine must make a report to the local office of the Virginia Department of Human Resources Division of Aging Services, the police department or sheriffs office, or other appropriate agency within 24 hours after becoming aware of this information.
- **Health Oversight:** If Shenandoah Psychiatric Medicine receives a request from the Virginia Board of

Psychological Examiners with respect to an inquiry or complaint about professional conduct, Shenandoah Psychiatric Medicine must make available any record relevant to such 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 Shenandoah Psychiatric Medicine will not release this information without written authorization from you or your legally-appointed representative, or a court order. 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:** Shenandoah Psychiatric Medicine may disclose confidential information from your records if Shenandoah Psychiatric Medicine believes such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm.
- **Worker's Compensation:** If you file a worker's compensation claim, then Shenandoah Psychiatric Medicine must submit to your employer's insurer or a third party administrator, a report on services rendered.

IV. Patient's Rights and Psychiatrist's Duties

- **Right to Request Restrictions** — You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Shenandoah Psychiatric Medicine is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and Locations** — (For example, you may not want a family member to know that you are seeing a doctor at Shenandoah Psychiatric Medicine. Upon your request, Shenandoah Psychiatric Medicine will send your bills to another address.)
- **Right to Inspect and Copy** — You have the right to inspect or obtain a copy of PHI in mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Shenandoah Psychiatric Medicine may deny your access to PHI under certain circumstances; you may have this decision reviewed. You may file an appeal with Shenandoah Psychiatric Medicine.
- **Right to Amend** — You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Shenandoah Psychiatric Medicine may deny your request. On your request, Shenandoah Psychiatric Medicine personnel will discuss with you the details of the amendment process.
- **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, Shenandoah Psychiatric Medicine will discuss with you the details of the accounting process.
- **Right to a Paper Copy** — You have the right to obtain a paper copy of the notice from Shenandoah Psychiatric Medicine upon request, even if you have agreed to receive the notice electronically.

V. Shenandoah Psychiatric Medicine Clinician Duties:

- The office of Shenandoah Psychiatric Medicine is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices with respect to PHI.
- Shenandoah Psychiatric Medicine reserves the right to change the privacy policies and practices described in this notice. Unless Shenandoah Psychiatric Medicine notifies you of such changes, however, Shenandoah Psychiatric Medicine is required to abide by the terms currently in effect.
- If Shenandoah Psychiatric Medicine revises policies and procedures, you will be provided with the information.

Vi. Complaints

If you are concerned that Shenandoah Psychiatric Medicine has violated your privacy rights, or you disagree with a decision Shenandoah Psychiatric Medicine has made about access to your records, you may contact the Shenandoah Psychiatric Medicine Privacy Officer at (540) 949-0955.

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

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Release Of Health Information / Notice of Privacy Practices

I understand that Shenandoah Psychiatric Medicine may release information from my medical record and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Virginia. My signature below acknowledges that I have received a copy of the federal *Notice Of Privacy Practices* at or prior to this service encounter.

Signature Of Patient/Responsible Party Relationship Witness Date

Print Patient Name/Responsible Party