

***Peninsula Pastoral Counseling Center***  
707 Gum Rock Court, Newport News, Virginia 23606  
(757) 873-2273

**HIPAA Notice of Privacy Practices:**

**Effective Date: March 1, 2004**

**Reviewed: June 25, 2013**

***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.***

If you have any questions about this notice, please contact our Privacy Contact Person:  
(757) 873-2273.

**Our Pledge Regarding Medical Information:**

We understand the medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care you receive at this office to provide you with quality care and to comply with certain legal requirements.

This notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding use and disclosure of your medical information.

**We Are Required By Law:**

- To make sure that medical information that identifies you is kept private;
- To give you this notice of our legal duties and privacy practices; and
- To follow the terms of the notice that is currently in effect

**How We May Use and Disclose Medical Information About You:**

- **For Treatment.** We may use information about you to provide you with counseling services and treatment. We may disclose medical information about you to office staff and others involved in your care.
- **For Payment.** We may use and disclose your medical information for insurance and payment services.
- **For Health Care Operations.** We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.
- **Health-Related Benefits and Services.** We may use or disclose your information to tell you about health-related benefits or services.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care. We may disclose medical information about you to assist in a disaster relief effort.
- **As Required by Law.** We will disclose information about you when required to do so by federal, state, and local law. This includes, but is not limited to:
  - a. Reporting child abuse or neglect to the Department of Human Services or to law enforcement.
  - b. When court ordered to release information.
  - c. When there is a legal duty to warn of a threat that a client has made of imminent physical violence, health care professionals are required to notify the potential victim of such a threat, and report it to law enforcement.
  - d. When a client is imminently dangerous to herself/himself or to others, or is gravely disabled, health care professionals may have a duty to hospitalize the client in order to obtain a 72-hour evaluation of the client.
  - e. When required to report a threat to the national security of the United States.
- **Health Oversight Activities.** We may release medical information about you health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you to prevent a serious threat to your health and safety or for the health and safety of the public or another person.

### **Special Situations:**

- **Business Associates.** Confidential health care information concerning you, provided to insurers or to plans for purposes or payment for services that you receive may be disclosed to business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
- **Military and Veterans.** We may release medical information about military personnel as required by the appropriate military command authorities.

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request. We may also disclose your information to PPCC's attorneys and, in accordance with applicable state law, to attorneys working on PPCC's behalf.
- **Law Enforcement.** We may release information to a law enforcement official as required by law in response to a court order, subpoena, warrant, summons or similar process.
- **National Security and Intelligence Activities.** We may release information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### **Your Rights Regarding Medical Information We Maintain About You:**

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to our Privacy Contact Person. Your request should indicate in what form you want the information (for example, on paper, electronically) If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. You may request that the denial be reviewed. Another neutral health care professional, chosen by PPCC, will review our request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept on file by PPCC. To request an amendment, your request must be made in writing and submitted to the Privacy Contact Person (757) 873-2273. You must provide a reason that supports your request. 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: Was not created by us, unless the

person that created the information is no longer available; Is not part of the information kept by or for a PPCC; Is not part of the information which you would be permitted to inspect and copy or; Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to our Privacy Contact person (757) 873-2273. Your request must state a time period, not longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to our Privacy Contact Person (757) 873-2273. You must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to our Privacy Contact Person (757) 873-2273. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to deny your request.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice by asking any member of the office staff. You may obtain a copy of this notice at our website: [www.peninsulapastoral.org](http://www.peninsulapastoral.org)

### **Changes to This Notice:**

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office. Each time you register at the office we will offer you a copy of the current notice.

### **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint to the PPCC management. Please submit a statement, in writing, addressed to Peninsula Pastoral Counseling Center, 707 Gum Rock Ct., Newport News, VA 23606, concerning

your complaint and the basis for it. You also have the right to complain to the United States Secretary of the Department of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., **You will not be penalized for filing a complaint.**

**Other Uses of Medical Information:**

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.