NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

BACKGROUND
The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule grants individuals a fundamental right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a Notice that provides a clear explanation of these rights and practices. The Notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

PURPOSE
This Notice describes how medical and mental health information about you may be used and disclosed and how you can obtain access to this information. Please review the information carefully, express any concerns or ask questions of your Gil Institute for Trauma Recovery and Education (GITRE) provider directly, and provide a signed acknowledgement of your review and receipt of this Notice once you are confident about both your rights as a client or legal guardian of a client, and the legal and ethical responsibilities of your GITRE service provider.

Your health record contains personal information about you and your health. Information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Virginia mental health providers (psychologists, therapists, counselors, and social workers) may use and disclose your PHI in accordance with applicable law, including HIPAA regulations promulgated under HIPAA and including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to, review, and manage your PHI.

We are required by law to maintain the privacy of PHI and to provide you with a Notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We provide a copy of the revised Notice of Privacy Practices by posting a copy on our website, submitting a copy before or upon your intake appointment, providing by way of email with your approval, or providing a hard copy version upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR PROFESSIONAL SERVICES
Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other members of a client’s treatment team with your written consent. We may also disclose PHI to any other consultant only with your approval and written consent (Release of Information form).

FOR REIMBURSEMENT
As out-of-network providers, PHI is generally conveyed directly to you as the client. If we use and disclose PHI, it would be so that you can receive reimbursement for the treatment services paid for and provided to you.
only be done upon your request, and the PHI disclosed only following your consent and signature authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you to determine medical necessity or continuation of out-of-network reimbursement, or should a GITRE provider be asked to participate in a utilization review for the purpose of your reimbursement of fees. GITRE will only disclose the minimum amount of PHI necessary for purposes of assisting you with a statement of need for services, relevant diagnostic and procedure codes for recommended mental health services, and justification for length and frequency of recommended services.

FOR QUALITY ASSURANCE AND COLLABORATION
We may use or disclose your PHI in order to ensure our business (group private practice) policies and procedures are consistently maintained and in accordance with federal and state standards of practice for mental health providers. This includes reviews by supervisors, if applicable to your provider, periodic contractor record reviews by a Gil Institute Partner, or to comply with licensing activities. Limited PHI may be disclosed for training or teaching purposes (consultation or supervision), or research activities (following notification and your consent). No PHI will be disclosed without notice or your signature authorization.

REQUIRED BY LAW
GITRE must disclose your PHI to you upon your request. To make a request, please submit it in writing, specifying your interest in reviewing medical records. Clinicians strive to protect your family’s confidentiality and may prepare a summary of treatment progress in lieu to copying full records at your expense. You are within your rights to request all of your PHI. In addition, your private practice therapist or counselor must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining their compliance with the requirements of the Privacy Rule.

POTENTIAL DISCLOSURES WITHOUT AUTHORIZATION
Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit mental health providers to disclose information about you (or a minor client) without your authorization only in a limited number of situations.

Child Abuse or Neglect: A GITRE provider may disclose PHI to a state or local agency that is authorized by law to receive reports of suspected child abuse or neglect.

Judicial and Administrative Proceedings: A GITRE provider may disclose PHI pursuant to a subpoena (with or without your written consent), court order, administrative order or similar process.

Deceased Patients: A GITRE provider may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person’s estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies: A GITRE provider may use or disclose PHI in a medical emergency situation to medical personnel in order to prevent serious harm to yourself or another.

Family Involvement in Care: A GITRE provider may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight: If required, a GITRE provider or owner may have to disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent).
**Law Enforcement:** A GITRE provider may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions:** A GITRE provider may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health:** If required, a GITRE provider may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety:** A GITRE provider may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research:** PHI for this purpose may only be disclosed after a special approval process or with your authorization.

**Verbal Permission:** A GITRE provider may also use or disclose your information to family members or supports you name that are directly involved in your treatment. This occurs with your verbal permission prior to engaging with family members or designated supports.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

**YOUR RIGHTS REGARDING YOUR PHI**
You have the following rights regarding PHI that is collected and maintained by your private practice therapist at the offices of Gil Institute for Trauma Recovery and Education, LLC. To exercise any of these rights, please submit your request in writing to:

Attn: Your provider
Gil Institute for Trauma Recovery & Education, LLC
8626 Lee Highway, Suite 200, Fairfax, VA 22031

Or, to the Secretary of Health and Human Services
200 Independence Avenue, S.W. Washington, D.C. 20201

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is
contained in separately maintained psychotherapy notes. We may charge a reasonable, time and cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask your provider to amend the information although h/she is not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable time-based fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location (in the office, by phone). We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

- **Right to a Copy of this Notice.** You have the right to a copy of this Notice.

**COMPLAINTS**

If you believe your GITRE provider has violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Consistent with legal and ethical codes of conduct, no GITRE provider will take any action that threatens the integrity of your treatment or privacy should a complaint be filed.

**NOTICE REVISION DATE: JANUARY 2016**

Prior to the start of services, you will be asked to sign and submit the following form. Upon signature, it will be maintained in your medical record:

*Form: Notice of HIPAA & GITRE Privacy Practices*