

Judson Therapy LLC

4235 Fox Lake Dr, Fairfax, VA 22033

202-455-8050

JudsonTherapy@gmail.com

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on 1/1/2022

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. YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS NOTICE OF PRIVACY.

Notice of Privacy Practices

Privacy is a very important concern for all those who come to this practice. I will only use and disclose your personal health information as allowed by applicable law, namely the federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a patient you have the right to obtain a paper copy of this Notice of Privacy Practices (NPP.) This Notice explains how your medical information is used here in this practice, under what circumstances it can be shared with other professionals and organizations, and how you can access it. If you have questions regarding this Notice, please contact me, Judson Richardson, LICSW.

Your protected health information

Each time you visit me or any doctor's office, hospital, or other healthcare provider, a record is generated. For example, this includes identification information, information about your history, present reasons for seeking treatment, or the nature of treatment provided. The law refers to this as PHI, which stands for Protected Health Information.

HIPAA requires that your Protected Healthcare Information (or PHI) is kept private, and that you are provided this notice of my legal duties and my privacy practices, which is called a Notice of Privacy Practices (or NPP.) I will obey the rules of this notice as long as it is in effect. I reserve the right to change the terms of this NPP as necessary, and if I change this notice, the new NPP will apply to all PHI that I keep. If I change the NPP, I will e-mail the

new version to you. I will also notify you if I am unable to agree to a requested restriction on use or disclosure of your medical or mental health information.

Uses and disclosures of your personal health information

When your information is read and used by me to make decisions about your care, the law refers to this as "use." When the information is shared with or sent to others outside this office, the law refers to this as "disclosure." When I use your PHI here or disclose it to others I share only the minimum PHI necessary. The law gives you rights to know about your PHI, how it is used, and to have a say in how it is disclosed. I use and disclose PHI for several reasons. Mainly, I will use this information myself for routine purposes, and I will explain more about these below. Some uses and disclosures require a written Authorization form. Under certain circumstances, the law permits or requires me to make a disclosure without your consent or authorization. The following categories detail the ways in which I may use or disclose your PHI.

1. Uses and disclosures *with* your written consent.

In almost all cases, I intend to use your PHI in this office or to share your PHI with other people or organizations to provide treatment to you, arrange for payment for my services, or for business functions known as health care operations. Together these routine purposes are called TPO (which stands for Treatment, Payment, and Operations.) *After you have read this Notice, you will be asked to sign a written Consent form allowing me to use and disclose your PHI for the treatment, payment, and health care operations as described in this section.*

1a. For treatment:

I use your medical information to provide you with psychological treatments or services. These might include individual, family, group, or couples therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services. I may share your information with others who provide treatment to you. I may share your information with your personal physician or psychiatrist. If you are being treated by a team, I may share some of your PHI with them so that the services you receive will work together. I may also refer you to other professionals for services I cannot provide. When I do this, I need to communicate with them about you. I may receive copies of their findings and those will go into your records. If you receive treatment in the future from other

professionals, I can also share your PHI with them. These are a few examples of how I may use and disclose your PHI for treatment.

1b. For payment:

I may use your information to bill you so I can be paid for the treatments I provide to you. I may have contact with your insurance company to assist you in your insurance coverage. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need also to report the dates we have met, and your progress.

1c. For health care operations:

I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send. Other uses of your PHI for healthcare operations may include:

Appointment Reminders. I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you have a preference regarding how I reach you, please share this with me. I will accommodate all reasonable requests.

Treatment Alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other Benefits and Services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

2. Other uses and disclosures of medical and mental health information based on your authorization.

Other uses and disclosures of medical and mental health information not covered by this NPP will be made only with your written permission, using an Authorization form. If you provide me written permission to use or disclose medical or mental health information about you, you may revoke that permission, in writing, at any time. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

3. Uses and disclosures of PHI *without* your consent or authorization.

In certain situations I am required or permitted by law to use or disclose medical and mental health information about you without your consent or authorization. Here are examples of when I might have to share your information. This is not an exhaustive list.

As required or permitted by law:

- I may release your PHI to certain government agencies as permitted or required by law if I suspect child abuse or neglect; I may also release your PHI to certain government agencies if I believe you to be a victim of abuse or neglect
- To Prevent a Serious Threat to Health or Safety: I may disclose your PHI in emergency circumstances, such as to prevent a serious or imminent threat to a person or the public
- If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process
- In the event that a government oversight agency conducts an audit, investigation, or inquires to see that I am obeying the privacy laws
- To law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes

- For public health activities, such as the required reporting of disease, injury, and birth and death, and for required public health investigations

- To coroners, medical examiners, or funeral directors

- For specific government functions: I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility, fitness for duty, and enrollment. I may disclose your PHI to Workers Compensation and Disability programs.

4. Uses and disclosures where you to have an opportunity to object

In emergency circumstances when there is a substantial communication barrier to obtaining consent from you, I can share information if I believe that you would authorize it, *and* if I believe sharing it will help you or prevent imminent harm to you or someone else. If I do share information, in an emergency, I will tell you as soon as it is feasible to do so. If you do not approve of this disclosure I will stop, provided doing so will not violate the law.

Your rights regarding your health information:

1. Right to inspect and copy. You have the right to inspect and have copied mental health information used to make decisions about your care. Your request must be submitted in writing and signed. Usually this includes medical and billing records, but may not include some records such as psychotherapy notes. A fee may be charged for the costs of copying your documents.

2. Right to amend. If you feel that medical and mental health information I have about you is incorrect or incomplete, you may ask me to amend that information. Your request must be submitted in writing and signed. You will be asked to provide a reason to support your

request. I am not obligated to make all requested amendments. Please note that if I accept your request, I may not delete any information already documented in your record.

3. Right to an accounting of disclosures. You have a right to receive a list of disclosures. This list will not include those made for treatment, payment, and health care operations (TPO.) Your request must be submitted in writing and signed.

4. Right to restrict disclosures. You have a right to restrict certain disclosures of PHI to a health plan when you have paid for your care out-of-pocket.

5. Right to be notified in case of breach. You have a right to be notified if: (a) there is a breach (that is, a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI, (b) that PHI has not been encrypted to government standards, and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

6. Right to request confidential communications. You have the right to request that I communicate with you about your health and related issues in a particular way or at a certain location that is private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will accommodate all reasonable requests.

7. Right to request restrictions. You have the right to request that I restrict or limit what I tell people involved in your care for the purposes of treatment, payment, and health care operations (TPO.) Requests to restrict information used or disclosed for TPO must be submitted in writing and signed. I am not required to agree to your request. If I do agree to the request, I will comply unless the information is required by law or in an emergency.

8. Right to a paper copy of this notice. You have the right to obtain a paper copy of this NPP, and you may ask me for one at any time. If I change this NPP I will email the new version to you.

Complaint

If you believe your privacy rights have been violated, you may file a complaint by contacting me, Judson Richardson, LICSW, at the telephone number provided on the heading of this NPP, and by submitting a complaint to me in writing. You may also contact the Secretary of Health and Human Services. Filing a complaint will not result in retaliation and will not change the care I provide to you in any way.

Questions and information

If you need more information or have questions regarding this Notice of Privacy Practices, please speak to me, Judson Richardson, LICSW, at the telephone number provided on the heading of this NPP.

Effective date: The Notice of Privacy Practices is effective January 1, 2022

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.