

Discovery Counseling & Consulting

Notice of Privacy Practice- Virginia

Notice of mental health professionals' practices and policies in compliance with HIPAA (Health Insurance Portability and Accountability Act) to protect the privacy of your health information

Please read the following information carefully:

I understand that as part of my mental health care, Discovery Counseling & Consulting (DCC) originates and maintains paper and/or electronic records describing treatment, testing results and forms, correspondence and insurance information. Except when required by law, this information cannot be disclosed without my written consent. I may revoke any authorization for disclosure at any time except 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.

I understand that information from the medical record may be disclosed without obtained consent, under the laws and provisions of HIPAA, for the following conditions:

1. Child Abuse – State law requires that your clinician disclose information regarding suspected harmful actions or neglect toward children.
2. Adult or Domestic Abuse – State law requires your clinician to report and provide information if there is suspicion of adult abuse, neglect or exploitation.
3. Health Oversight – Regulating Boards have the power to subpoena relevant records if a clinician is the focus of an inquiry.
4. Judicial or Administrative Proceedings – If you are involved in a legal proceeding and your mental health records are requested, the information will not be released except if it is requested by subpoena. If you desire to quash (block) the subpoena, then your record will be provided to the clerk of the court in a sealed envelope so that the court can determine whether the records should be released.
5. Serious Threat of Health or Safety – If you have communicated directly to your clinician that you have a specific and immediate plan to cause serious harm or death to an identifiable person and if your clinician has sufficient evidence based on your conversations, history and treatment to believe this threat is real, then the law requires the clinician to take steps to protect the third party. Either the third party can be warned, or their parents warned if they are under 18, or a law enforcement officer may be contacted.
6. Serious Threat to Yourself – If you have communicated directly to your clinician that you have specific and immediate plans to cause serious harm or death to yourself and if your clinician has sufficient evidence based on your conversations, history and treatment to believe this threat is real, then the law requires the clinician to take steps to protect you be either contacting a significant other or admitting you to an appropriate treatment facility.

7. Worker's Compensation – If you file a worker's compensation claim, the law requires that relevant mental health information be submitted to your employer, insurer or a certified rehabilitation provider.
8. Family/Friends/Other Providers – If you are present and have the capacity to make health care decisions, your provider may communicate with your family members, friends, or other providers you have involved in your health care or payment for care, so long as you do not object. See 45 CFR 164.510(b). Your clinician may ask your permission to share relevant information with family members or other providers, may tell you he or she plans to discuss the information and give you an opportunity to agree or object, or may infer from the circumstances, using professional judgment, that you do not object.

I understand that I have the following rights:

1. I have the right to request restriction on certain uses and disclosures of my mental health information. Your clinician may or may not be required to agree upon these restrictions.
2. I have the right to request and receive confidential communication by alternative means and at alternative locations (e.g. fax or e-mail).
3. I have the right to inspect and obtain a copy of my mental health record and billing records. The access to this information may be denied under some circumstances. You are entitled to a discussion with your clinician regarding the reasons for limiting access to your records.
4. I have the right to request an amendment to my records, but this request can be denied by your clinician.

I understand that my treating clinician is required by law to maintain privacy of my mental health record and to provide me with notice of their legal duties and privacy practices with respect to my mental health record. The treating clinician has the right to change those privacy policies and practices with notification to you in writing.

I understand that I have the right to disagree with decisions made and I can make a formal complaint to a Discovery Counseling & Consulting Privacy Officer at (804) 591-0002. A written complaint can be made to the Secretary of the U.S. Department of Health and Human Services.

I understand that this notice is in effect beginning January 2, 2012. If there are any changes to this notice and I am still in treatment at DCC then I will be notified in person and writing about such changes.