Notice of Privacy Practices

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About This Notice

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Felicia Caulk, Behavioral Health LLC is required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your Protected Health Information (PHI), to provide you with this notice of privacy practices, and to abide by the terms of this notice.

How We May Use and Disclose Your PHI

We may use or disclose your PHI for the following purposes:

- Treatment: To provide, coordinate, and manage your mental health care.
- Payment: To bill and collect payment for services, including providing superbills for insurance reimbursement.
- Health care operations: To support quality assurance, professional training, and practice management.
- As required by law: To comply with federal, state, or local laws that require disclosure.
- To avert serious threat: If you present a serious and imminent threat to yourself or others.
- Mandatory reporting: Suspected abuse or neglect of children, elders, or incapacitated adults.
- Judicial proceedings: In response to a valid court order or subpoena.
- Workers' compensation: As necessary to comply with workers' compensation laws.

Uses Requiring Your Written Authorization

Any use or disclosure of your PHI not described above requires your written authorization. You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on it. We will never sell your PHI or use it for marketing without your explicit written authorization.

Your Rights Regarding Your PHI

Under HIPAA, you have the following rights:

- Right to access: You may request copies of your PHI. We may charge a reasonable fee for copying.
- Right to amend: You may request that we amend your PHI if you believe it is inaccurate or incomplete.
- Right to restrict: You may request restrictions on certain uses and disclosures, though we are not always required to agree.
- Right to confidential communications: You may request that we communicate with you at a specific phone number or address.
- Right to an accounting of disclosures: You may request a list of disclosures of your PHI made in the prior six years.
- Right to a paper copy of this notice: You may request a paper copy of this notice at any time.

Breach Notification

In the unlikely event that a breach of your unsecured PHI occurs, we will notify you as required by the HITECH Act. Notification will include a description of the breach, the type of information involved, steps you can take to protect yourself,

and what we are doing to investigate and mitigate the breach.

Record Retention

Clinical records for adult clients are retained for a minimum of six years from the date of the last service. Records for minor clients are retained for at least six years after the client reaches age 18, or six years from the last service date, whichever is longer. Records are securely destroyed at the end of the retention period.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with this practice, with the Virginia Board of Social Work (804-367-4441), or with the U.S. Department of Health and Human Services Office for Civil Rights (hhs.gov/hipaa/filing-a-complaint). You will not be retaliated against for filing a complaint.

Acknowledgment

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices and have had the opportunity to ask questions.

Client Name (print):

Client Signature (or Parent/Guardian if under 18)

Date