

NOTICE OF PRIVACY PRACTICES



THE MIND GARDEN
ONLINE THERAPY | VIRGINIA

As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this document describes how medical/mental health information about you may be used and disclosed and how you can access this information. Please review it carefully.

I am required by federal law to maintain the privacy of your Protected Health Information (“PHI”) – information that identifies you or could be used to identify you. I am also required to provide you with this Notice of Privacy Practices (this “Notice”), which explains my legal duties and your rights regarding the PHI that I collect and maintain.

— YOUR PHI RIGHTS —

I. INSPECT OR REQUEST A COPY OF YOUR PHI RECORD

Code of Virginia § 32.1-127.1:03. Health records privacy

- You may request a paper copy of your PHI record at any time. Unfortunately, I cannot provide electronic copies due to potential issues with record integrity and confidentiality.
- My standard of practice for PHI record requests is to review it with you first, then, if you still want a copy, I will process your request within 30 days. Please refer to the Practice Policies and Financial Agreement forms for more information about copy fees.
- If I think that it could cause harm to you or another person, I may deny your request and document why in your record. You can request, in writing, that I release your PHI record to another reviewing professional of your choosing, such as a psychiatrist, clinical psychologist, clinical social worker, or licensed professional counselor.

II. AMEND YOUR PHI RECORD

Code of Federal Regulations 45 CFR 164.526

- You may request, in writing, that I change information in your PHI record if you believe that it is incorrect or incomplete.
- If I determine that the information is accurate and complete, I may deny your request and explain, in writing, why it was denied.
- I will document your amendment request in your record. I will also document why it was denied if that happens.

III. CONFIDENTIAL COMMUNICATION

Code of Federal Regulations 45 CFR 164.522

- You may request that I contact you in a specific way (*for example, home or office phone*) or that I send mail to a different address. I will accommodate all *reasonable* requests.

IV. A LIST OF SHARED PHI

Code of Federal Regulations 45 CFR 164.528

- You may request a list (an accounting) of when I have disclosed your PHI, who I've shared it with, and why – for up to six years prior to the date of your request.
- I will include all disclosures except those made regarding treatment, payment, and healthcare operations.
- You can obtain one accounting per year for free, however, if you request additional accountings within 12 months, you may be charged a fee for each one.

V. RECEIVE A COPY OF THIS NOTICE

Code of Federal Regulations 45 CFR 164.520

- You may request a paper copy of this Notice or view it electronically in the TherapyPortal or on The Mind Garden's website at any time.

VI. FILE A COMPLAINT

Code of Federal Regulations 45 CFR 164.520

- If you feel that your HIPAA rights have been violated, you can file a complaint by contacting me (contact information below) or by contacting my supervisor, Sharon Watson, *LPC, LMFT, LSATP, NCC, ACS*, at (703) 350-5002.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

— USES AND DISCLOSURES —

Uses and disclosures relating to treatment, payment, or healthcare operations do not require your prior written consent. I can use and disclose your PHI without your consent for the following reasons:

I. TO TREAT YOU

- As a resident in counseling in the state of Virginia, I am required to maintain a Board-approved clinical supervisor while treating clients. This means that I will be disclosing your PHI to my supervisor (who is bound by the same laws as me) as a means to provide you with the best treatment possible.
- I can disclose your PHI, as necessary for your treatment, to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are involved in your care.
- *Example: If you are being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care.*

II. PAYMENT FOR TREATMENT

- As an out-of-network provider, it is not necessary for me to disclose your PHI to your insurance company to receive payment for the healthcare services that I have provided to you. However, if you would like to receive reimbursement from your insurance company, I can provide you with a superbill that you may submit to your insurer. Superbills can

include information about you such as your name, date of birth, address, phone number, diagnostic codes, etc.

- *Example: I give you a superbill and you submit it to your insurance company to request reimbursement for the payments you made for treatment services I provided to you.*

III. TO RUN HEALTHCARE OPERATIONS

- I can disclose your PHI to operate my practice, improve your care, and contact you when necessary.
- *Example: I may use your health information to manage the treatment and services that I offer you.*

IV. TO PROVIDE EMERGENCY TREATMENT

- Your consent isn't required if you need emergency treatment.
- *Example: If you are unconscious or in severe pain, I can disclose your PHI to acquire emergency treatment for you.*

V. TO HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

- Preventing the spread of disease.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

VI. TO COMPLY WITH THE LAW

- I will share information about you if state or federal laws require it, including the Department of Health and Human Services if they want to see that I am complying with federal privacy law.
- I can also share your PHI in response to a court or administrative order, or in response to a subpoena.

— MY RESPONSIBILITIES —

- I am required by law to maintain the privacy and security of your PHI.
- I will, promptly, let you know if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this Notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me that I can in writing. If you tell me that I can, you may change your mind at any time. Let me know in writing if you change your mind.

This Notice is effective on **January 1, 2024**.

Jennifer “Jenn” Parker, M.S., Resident in Counseling

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Supervisor: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

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