



6601 Woodlake Village Parkway
Midlothian, VA 23112
Business Office: (804) 608-8233

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operation such as quality assessments and physician certifications. I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information.

I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name

Signer’s Relationship to Patient

Signature

Date

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
-------	-----------	---------

Notice of Privacy Practices

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. If you have any questions about this Notice, please contact the office of Wellspring Christian Counseling.

1. Purpose

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at the Medical Practice in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices describes how we may use and disclose medical information about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your medical information.

We are required to abide by the terms of this Notice of Privacy Practices.

2. Written Acknowledgement

You will be asked to sign a written statement acknowledging that you have received a copy of this notice to create a record that you have received a copy of the notice.

3. Changes to this Notice

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

4. How We May Use and Disclose Medical Information about You

The following categories describe the different ways that the Medical Practice may use and disclose your medical information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

- For your treatment:** Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you or for another health care provider providing medical treatment to you. For example, a nurse obtains treatment information about you and documents it in your medical record and the physician has access to that information. If you require an x-ray to be taken, the x-ray technician also has access to your medical information. In addition, your medical information may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the

physician has the necessary information to diagnose or treat you. (

- **To obtain payment for our services:** Your medical information may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before it approves or pays for the health care services. (
- **For our health care operations:** Your medical information may be used and disclosed by us to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students that see patients at our office. We may also use the medical information we have to determine where we can make improvements in the services and care we offer. (
- **For the health care operations of other health care providers:** We may also use your medical information to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your medical information to another physician to assist in its efforts to make sure it is complying with all rules related to operating a medical practice. (
- **For appointment reminders:** We may use or disclose your medical information to contact you to remind you of your appointment, by mail or by telephone. Our message will include the name of our practice or the name of our physician as well as the date and time for your appointment . (
- **To provide you with treatment alternatives:** We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact several home health agencies or physical therapy providers to discuss the services they provide when we have a patient who needs these services. (
- **To our business associates:** We will share your medical information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information. For example, the Medical Practice may hire a billing company to submit claims to your health care insurer. Your medical information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your medical information in any way other than what we allow. (
- **For fundraising activities:** We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact us and request that these materials not be sent to you. (

- Others involved in your health care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your medical information to notify a family member of your location and general health condition. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care. (
- As required by law:** We may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. (
- For public health activities:** We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your medical information, if directed by the public health authority, to any other government agency that is collaborating with the public health authority. (
- As required by the Food and Drug Administration:** We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required. (
- For communicable disease exposure:** We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. (