



Notice of Privacy Practices

This notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you feel your privacy rights have been violated

Requested copies of your health records will be provided within 14 business days and assume a fee of \$15. You may tell us how you would like to receive correspondence (text, email, or home phone). If you feel that you want us to limit the amount of information shared to insurance companies or EAP, please let us know. You may also ask us who we have shared your health information with and why. You may also ask us to receive a copy of this privacy notice at any time. You may choose someone to act for you if you have given someone medial power of attorney or if someone is your legal guardian. That person may exercise your rights and make choices about your health information. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington D.C., 20201 or by calling 1-877-696-6115, or by visiting www.hhs.gov/ocfr/privacy/hippa/complaints. We will not retaliate against you for filing a complaint.

Your choices about your health records

You have choices in who you want us to share your private healthcare information. Please let us know if you would like for us to share information about your treatment with your family, PCP, or other health care providers.

Our use of your healthcare information

We may use and share your information as we treat your mental health needs, run the organization, bill for services provided to you either to EAP or Health Insurance Companies comply with the law, and/or respond to lawsuits, legal actions and communication with GALs. We may use your health information and share it with other professionals who are treating you. We can also use and share your health information to run our practice, improve your care, and contact you when necessary. We can use and share your health information to bill and get payment from your health plans or other entities such as EAP. We will share information about you if state or federal laws requires it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than described unless you tell us to do so in writing. You may also let us know in writing if you would like to revoke the decision to share information with a certain person or entity.

For more information please visit:

www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

This notice of Privacy Practices applies to the follow organization:

Coastal Virginia Counseling
3500 Virginia Beach Blvd., Suite 440
Virginia Beach, VA 23452
Office Phone: 7857-463-0971
Crisis Phone: 757-606-0015
Office Fax: 757-544-9880