

# HIPAA NOTICE OF PRIVACY PRACTICES

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HIPAA NOTICE OF PRIVACY PRACTICES: *Effective Date: January 1, 2019*

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THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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## I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Your health information is personal, and we are committed to protecting it. We maintain a record of the care and services you receive, both to ensure quality care and to meet legal and ethical obligations. This notice applies to all records of your care created by this mental health practice.

We are required by law to:

- Maintain the privacy and security of your **protected health information (PHI)**;
- Provide you with this notice of our legal duties and privacy practices;
- Abide by the terms of this notice currently in effect;
- Notify you in the event of a breach involving your unsecured PHI, as required by HIPAA and Virginia privacy laws.

We may change this notice at any time. If changes are made, the revised notice will apply to all PHI we maintain and will be available in our office and on our website.

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## II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We are permitted to use and disclose your PHI without your written authorization in the following circumstances:

### For Treatment, Payment, and Healthcare Operations:

These routine disclosures do not require your written consent:

- **Treatment:** Sharing PHI with other healthcare providers involved in your care (e.g., community referrals, clinical supervision/consultations).
- **Payment:** Using PHI to obtain payment for treatment services (e.g., insurance billing).
- **Healthcare Operations:** Quality assessment or administrative tasks.

### Lawsuits and Legal Disputes:

If you are involved in a legal matter, we may disclose PHI in response to a valid court or administrative order. In Virginia, we may also comply with subpoenas or discovery requests, but we will make reasonable efforts to notify you or seek a protective order when required by law.

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## III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

### Psychotherapy Notes:

We maintain psychotherapy notes in accordance with federal and Virginia law. These notes are subject to special protections and will not be disclosed without your written authorization, except:

- For treatment purposes;
- For internal training/supervision;
- To defend against legal claims;
- When required by the U.S. Department of Health and Human Services (HHS);
- When otherwise required by law or oversight agencies.

### Marketing & Sale of PHI:

We will never use or disclose your PHI for marketing or sell your PHI without your express written authorization.

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## IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your PHI without your written consent or authorization for the following purposes:

- **Required by Law:** To comply with applicable federal or Virginia laws.
  - **Public Health and Safety:** To report abuse (e.g., child or elder abuse), to address mental health crisis/emergencies, prevent serious harm to you or others, or address public health threats.
  - **Health Oversight Activities:** Audits, investigations, inspections, or licensing by authorized Virginia agencies.
  - **Judicial and Administrative Proceedings:** As required by valid legal processes.
  - **Law Enforcement:** For limited purposes such as reporting certain injuries or criminal activity on premises.
  - **Coroners and Medical Examiners:** As needed for identification or determining cause of death.
  - **Research:** When approved by an Institutional Review Board and under strict confidentiality protocols.
  - **Government Functions:** For military, national security, or correctional institution purposes.
  - **Workers' Compensation:** In accordance with state law.
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## V. USES AND DISCLOSURES WHERE YOU HAVE THE RIGHT TO OBJECT

We may disclose your PHI to a family member, friend, or another person involved in your care or payment for care if you do not object. *In emergency situations or when you're incapacitated, we may share relevant information as permitted by law and seek your consent as soon as possible.*

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**VI. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights, subject to certain limitations under federal and Virginia law:

**Right to Request Restrictions:**

You may ask us to restrict how we use or disclose your PHI. We are not required to agree unless the disclosure is to a health plan for an item or service you paid for in full out-of-pocket.

**Right to Receive Confidential Communications:**

You may request that we contact you by alternative means or at alternative locations (e.g., mailing to a different address). We will accommodate reasonable requests.

**Right to Access Your Records:**

You may request to inspect or obtain copies of your health records, excluding psychotherapy notes. We will provide access within 30 days and may charge a reasonable, cost-based fee.

**Right to Amend Records:**

If you believe any part of your PHI is inaccurate or incomplete, you may request a correction. We may deny the request with a written explanation.

**Right to an Accounting of Disclosures:**

You may request a list of disclosures of your PHI made in the past six years, except those made for treatment, payment, or operations, or with your authorization.

**Right to a Copy of This Notice:**

You may request a paper or electronic copy of this notice at any time.

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**ACKNOWLEDGEMENT OF RECEIPT**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding your protected health information. By checking the box or signing below, you acknowledge that you have received, reviewed, and understand this HIPAA Notice of Privacy Practices.