



RESTON PRECISION NEUROPSYCHOLOGY, LLC

QUALITY, CLARITY, INTEGRITY

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

As your clinician, I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my private practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my private practice such as releasing, transferring, or providing access to information about you to other parties.

II. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*Authorization*” is your written permission to disclose confidential mental health information. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. All authorizations to disclose must be on a specific legally required form.

Please note that your psychologist may elect to keep a second set of records referred to as “*Psychotherapy Notes*”. These Notes are for the psychologist’s use only and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from patient to patient, they can include the contents of our conversations, my analysis of those conversations, and the dynamic processes of your therapy. They also may contain particularly sensitive information that you may reveal to me that is not required to be included in your PHI. In addition,

they may include information from others provided to me confidentially. These Psychotherapy Notes are kept separate from your PHI. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else. In very rare circumstances, your Psychotherapy Notes may be released to third party payors with your explicit Authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. USES AND DISCLOSURES WITHOUT AUTHORIZATION

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have a reason to believe that a child has been subjected to abuse or neglect, I am required by Virginia law to report this belief immediately to the Virginia Department of Social Services.
- **Adult and Domestic Abuse:** If I have a reason to suspect that an elderly or incapacitated adult is abused, neglected, or exploited, I am required by Virginia law to immediately make a report and provide relevant information to the Virginia Department of Social Services.
- **Health Oversight Activities:** Virginia law requires that licensed psychologists report misconduct by a health care provider of their own profession. By law if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to make such a report. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me if I believe your condition places the public at risk. Virginia Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider's incompetence or misconduct.
- **Judicial or Administrative Procedures:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. If I receive subpoena for records or testimony, I will notify you, so you file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, I am required to place said records in a sealed envelope and provide them to the Clerk of Court. In Virginia civil court cases, therapy information is not protected by patient-therapist privilege (1) in child abuse cases, (2) in cases in which your mental health is an issue, or (3) in any case in which the judge deems the information to be "necessary for the proper administration of justice." In criminal cases, Virginia has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** Under Virginia law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; (2) notifying a law enforcement officer; or (3) seeking your hospitalization. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or a law enforcement officer, whether you are a minor or an adult.
- **Workers Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Records of Minors:** Virginia has several laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and CSB evaluations in civil commitment cases have legal access to therapy records without notification or consent of parents or child.

Other relevant situations may include certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. PATIENT'S RIGHTS AND PROVIDER'S DUTIES

PATIENT'S RIGHTS:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. You also have a right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment of your care. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing, indicating (1) what information you want to limit; (2) whether you want me to limit my use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also ask that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- **Right to Inspect and Copy:** In most cases, you have the right to inspect or obtain a copy (or both) of your mental health and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge you a fee for copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding.
- **Right to Amend:** If you feel that PHI that I have about you is incorrect or incomplete, you may ask me to amend the information. I may deny your request. On your request we will discuss the amendment process.
- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI. On your written request, I will discuss with you the details of the accounting process.
- **Right to a Copy of This Notice:** You have a right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
- **Right to Choose Someone to Act for You:** If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: (1) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; and (2) that PHI has not been encrypted to government standards.

PROVIDER'S DUTIES:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, and you are an active patient, I will inform you of the changes in policy in person. If you have discontinued services, I will provide you with a revised notice upon request.

V. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact Dr. Natalia Lugina Mauranne at 703-715-7130 or via email: <drlugina@neuroreston.com>.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Dr. Natalia Lugina Mauranne at 441-D Carlisle DR., Suite 103, Herndon 20170. Your complaint will be taken very seriously, and I will make every effort to resolve your concerns. Alternatively, you may contact the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate contact information upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

EFFECTIVE DATE OF THIS NOTICE: June 1, 2020

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please sign, print your name, and date this acknowledgement form.

My signature below indicates that (1) I have been provided a copy of Reston Precision Neuropsychology, LLC “Notice of Privacy Practices” and (2) I have read this notice and agree to its terms. I understand that I may ask questions about the content of this notice at any time in the future.

Signature of Patient or Responsible Party

Printed Name of Patient

Description of Relationship to Patient, if Applicable (e.g., parent)

Date