



Terms and Policies

Notice of Psychiatrist's Policies And Practices to Protect The Privacy Of Your Health Information. This Notice Describes How Therapeutic And Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review it Carefully.

Note: VITAL PSYCHIATRY ASSOCIATES will be referred to as VPA

I. Uses and Disclosures for the Treatment, Payment, and Health Care Operations

VITAL PSYCHIATRY ASSOCIATES¹ (Tejpal Singh M.D.) may use or disclose your protected health information ("PHI") for treatment, payment and health care operations purposes with your consent. To help clarify these terms

here are some definitions:

- "*PHI*" refers to information in your health records that could identify you.
- "*Treatment*" is when VPA provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your psychiatrist consults with another health care provider, such as your family physician or therapist.
- "*Payment*" is when VPA obtain reimbursement for your health care. Examples of payment are when your psychiatrist discloses 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 VPA. 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 VPA [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of VPA [office, clinic, practice group etc.] such as releasing, transferring or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

VPA may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when VPA is asked for information for purposes outside of treatment, payment and health care operations, VPA will obtain an authorization from you before releasing this information. VPA will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy Notes are notes that has made about conversations during a private, group, joint, or family counseling session, which your psychiatrist keeps separate from the rest of your medical records. These notes are given a greater degree of protection than PHI.

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) VPA has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the

1) VITAL PSYCHIATRY ASSOCIATES (VPA)



Terms and Policies

insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

VITAL PSYCHIATRY ASSOCIATES may use or disclose PHI without your consent or authorization in the following circumstances:

- ❑ **Child Abuse:** If VPA has reason to suspect that a child is abused or neglected, VPA is required by law to reports the matter immediately to the Virginia Department Of Social Services.
- ❑ **Adult and Domestic Abuse:** If VPA has reason to suspect that an adult is abused, neglected or exploited, VPA is required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
- ❑ **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and VPA will not release information without the written authorization your or your legal representative or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, VPA is required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case. From time to time, clients find themselves in judicial proceedings and as a result we receive subpoenas to produce documents and /or to appear at a deposition, a hearing or a trial. If we receive a subpoena or other process to produce your records you will receive notice of same from the party who subpoenas the records. If you or your counsel subpoenas the records that will constitute your consent to produce the records. If another person subpoenas your records and you object to the records being produced, then you must contact us immediately to tell us of your objection and you must file a motion to quash the subpoena in court to bar the production of the records. If you do not object within the time set forth in the subpoena or within 14 days of service of the subpoena, whichever is longer, then that shall constitute your consent that the records may be produced.
- ❑ **Serious Threat to Health or Safety:** If a clinician of VPA is engaged in his/her professional duties and your communicate a specific and immediate threat to cause serious bodily injury or death to an identified or to an identifiable person and VPA believes you have the intent and ability to carry out that threat immediately or imminently, VPA must 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; or (2) notifying a law enforcement officer.

IV. Patient's Rights and Clinicians Duties:

Patient's Rights:

- ❑ **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, VPA is not required to agree to a restriction you request.

1) VITAL PSYCHIATRY ASSOCIATES (VPA)



Terms and Policies

- 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 VPA. Upon your request, we will send your bills to another address).
- Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. VPA may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your therapist/psychiatrist will discuss with you the details of the request and denial process.
- Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. VPA may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On Your request, your therapist will discuss with you the details of the accounting process.
- Right to a paper Copy - You have the right to obtain a paper copy of the notice from VPA upon request even if you have agreed to receive the notice electronically.

V. Therapist's/Psychiatrist Duties:

Your VPA therapist/psychiatrist is 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.

- VPA reserves the right to change the privacy policies and practices described in this notice. Unless VPA notifies you of such changes, however, VPA is required to abide by the terms currently in effect
- If VPA revises its policies and procedures, VPA will provide its patients with a notice at their next scheduled session

VI. Complaints:

If you are concerned that a clinician at VPA has violated your privacy rights, or you disagree with a decision VPA made about access to your records, you may file a complaint with VPA or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Tejpal Singh. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also send written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on December 1st, 2013

VPA reserves the right to change the terms of this notice and to make the new notice provisions effective

1) VITAL PSYCHIATRY ASSOCIATES (VPA)



Terms and Policies

for all the PHI that it maintains. VPA will provide you with a revised notice a the first scheduled treatment visit after any revisions occur.

PATIENT CONSENT FORM

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

1. Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly
2. Provide information to a third party for the patient to be reimbursed.
3. Conduct normal health care operations. For example, to evaluate the quality of care you receive from us.

I/we have received a copy of VITAL PSYCHIATRY ASSOCIATES' (VPA) Privacy Practices containing a more complete description of the uses and disclosures of my health information. I/we have been given the right to review VPA's Notice of Privacy Practices prior to signing this consent. I/we understand that VPA has a right to change its Notice of Privacy Practices (such as: if the Privacy Officer changes or there is change in the law). I/we may contact VPA at any time to obtain a current copy of the Notice of Privacy Practices.

I/we understand that I/we may request in writing that VPA restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I/we also understand VPA is not required to agree to my requested restrictions.

I/we understand that I/we may revoke this consent in writing at any time, except to the extent that VPA has taken action relying on this consent

Patient Name: _____

Patient Signature: _____

Date: _____

1) VITAL PSYCHIATRY ASSOCIATES (VPA)