**Mayne Counseling Services, PLLC**

# Notice of Privacy Policy

## Introduction

This Notice of Privacy Policy explains how your personal health information (PHI) is protected, your rights as a patient, and the responsibilities of your healthcare provider. Please read this document carefully and contact your provider if you have any questions or concerns.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law enacted in 1996 to protect the privacy and security of individuals' health information. HIPAA sets standards for how healthcare providers, insurers, and other entities must safeguard medical records and personal health information, ensuring that your data is kept confidential and only shared under specific, legally defined circumstances.

Mayne Counseling may use and disclose your protected health information (PHI) only for each of the following purposes with your consent:

- Treatment means providing, coordinating, or managing your health care and related services by one or more health care providers.
- Payment encompasses activities such as securing reimbursement for services, verifying coverage, conducting billing or collection procedures, and performing utilization review.
- Health Care Operations are activities that relate to the performance and operation of the 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.

## Confidentiality

Your privacy is a top priority. All information shared with your healthcare provider, including your health history, treatment, and any communications, will be kept strictly confidential. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, Mayne Counseling does not typically disclose information under these circumstances and will require your advanced permission, which may be provided through your consent at the start of our professional relationship (through the consent form) This means that your personal health information will not be disclosed to anyone without your written consent, except in situations outlined under “Limits of Confidentiality.”

## Limits of Confidentiality

While your provider will make every effort to maintain your privacy, there are specific circumstances where confidentiality may be limited by law or ethical obligations. These include:

- If there is a reasonable suspicion of child, elder, or dependent adult abuse or neglect.
- If you present a danger to yourself or others, your provider may be required to take protective action, which could include notifying the appropriate authorities or warning potential victims.
- If ordered by a court of law or required by legal proceedings.

- If you file a worker's compensation claim Mayne Counseling is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- If disclosure is otherwise required by federal, state, or local laws or regulations. Should you be subject to a civil commitment hearing, Mayne Counseling may be obligated to release your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or law enforcement authorities, irrespective of your status as a minor or an adult. In Virginia civil court cases, therapy records may not be protected by patient-therapist privilege if the case involves child abuse, if your mental health is relevant to the case, or if the judge considers the information "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 your therapist does an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- Virginia law restricts minor records' confidentiality; parents always have access to their child's records, and CSB evaluators in civil commitment cases can access therapy records without notifying or obtaining consent from either parent or child.

## Patient's Rights

As a patient, you have the right to:

- Access your medical records and request copies or corrections as permitted by law.
- Receive information about your diagnosis, treatment options, and expected outcomes in understandable language.
- Provide informed consent before any treatment or procedure.
- Refuse or discontinue treatment at any time, understanding the potential consequences.
- Know the identity and qualifications of your healthcare provider.
- File a complaint if you believe your privacy rights have been violated.

## Provider's Duties

Your healthcare provider is committed to:

- Protecting your health information according to applicable laws and ethical standards.
- Mayne Counseling may deny your access to PHI under certain conditions but in some cases, you may have this decision reviewed. On your request, your therapist will discuss with you the details of the request and denial process.
- Informing you about any privacy breaches that may affect your personal information.
- Obtaining your consent before sharing your information, unless required by law or in emergency situations.
- Maintaining up-to-date knowledge of privacy practices and ensuring staff are trained accordingly.
- Respecting your rights and responding promptly to your requests regarding your health information.

**Mayne Counseling Services, PLLC**

This notice is effective as of January 1, 2024, and Mayne Counseling is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information maintained.

# Patient Acknowledgement

I have been provided a copy of Mayne Counseling Services, PLLC's Notice of Privacy Practices.
We have discussed these policies, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Date: _____