

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2025

Counseling Associates, P.C.

108 W. Clifford Street

Winchester, VA 22601

Telephone 540-665-1848

geoffbyrd@108wclifford.com

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR LEGAL DUTY

We are required by law to protect the privacy of your health information, provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice. We must notify you if a breach of your unsecured protected health information occurs.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use your health information to provide you with mental health treatment or services. For example, information may be shared with other healthcare providers involved in your care.

2. Payment

We may use and disclose your health information to obtain payment for the services we provide. For example, we may share information with your health insurance company to receive reimbursement.

3. Health Care Operations

We may use and disclose your information for practice operations such as quality improvement, training, or compliance reviews.

4. Required by Law

We will disclose your health information when required to do so by federal, state, or local law.

5. Public Health and Safety

We may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

6. Abuse or Neglect

We may disclose information to appropriate authorities if we believe a client is a victim of abuse, neglect, or domestic violence, as required by law.

7. Legal Proceedings and Law Enforcement

We may disclose health information in response to a court order, subpoena, warrant, or other lawful process.

8. Appointment Reminders and Communications

We may contact you to remind you of appointments or to provide information about treatment alternatives or other health-related benefits and services.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to Access

You have the right to inspect and request a copy of your health information, with limited exceptions.

2. Right to Amend

If you believe your health information is incorrect or incomplete, you may request an amendment.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures we made of your health information.

4. Right to Request Restrictions

You may ask us not to use or share certain health information. We are not required to agree, but we will comply with a restriction request if you pay out of pocket in full for a service and request that information not be shared with your health plan.

5. Right to Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests.

6. Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and apply those changes to all health information we maintain. A copy of the current Notice will always be available in our office and on our website, if applicable.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with our office, contact:

Geoffrey Byrd

Counseling Associates, P.C.

540-665-1848 X 2

geoffbyrd@108wclifford.com

To file a complaint with HHS, contact:

Office for Civil Rights

U.S. Department of Health and Human Services

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Acknowledgment of Receipt:

You will sign here to acknowledge that you have requested and received this notice.