
FRANCONIA FAMILY THERAPY CENTER
Notice of Privacy Practices
EFFECTIVE APRIL 14, 2003

This notice describes the privacy practices of the Franconia Family Therapy Center (FFTC). FFTC is required by law to maintain the privacy of your protected health information (PHI). We are also required by law to provide you with this notice telling you about our legal duties and privacy practices with respect to PHI.

If you have someone making decisions on your behalf because you are not able to make decisions yourself, we will give a copy of this notice to that person, and we will work with that person in all matters relating to uses and disclosures of your health information.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected health information (PHI) is information that relates to your past, present or future physical or mental health condition. In terms of FFTC, PHI is the confidential information your Therapist obtains over the course of your therapy. It is any information that identifies you or could reasonably be used to identify you.

WHAT ARE MY RIGHTS REGARDING MY PHI?

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that we maintain about you as allowed by state and federal law. If you request a copy of your information, we may charge a fee for copying, labor, supplies and mailing.

We may deny your request in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A physician or a licensed clinical social worker not involved with your care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist or lawyer of your choosing get a copy of what has been denied to you.

Right to Amend. If you feel that health information that we have about you is incorrect or incomplete, you may ask us to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for us.

We may deny your request to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information that you would be permitted to inspect and copy; or

- Is accurate and complete.

If your request is denied, you have the right to ask us to put a statement of disagreement in your record.

Right to an Account of Disclosures. You have the right to request and receive a list of the disclosures that we have made of your health information except for disclosures made before April 15, 2003. After that time, disclosure records are held for six years. FFTC will respond to your request in writing within 60 days from receiving the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment and payment operations.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide treatment in an emergency. (I.e. your FFTC Therapist tries several times to reach you but you are unable to respond because you are unconscious due to health reasons.)

To request restrictions, you must make your request in writing to your Therapist and deliver to *FFTC, 6092 Franconia Road, Alexandria, VA 22310*

In your written request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or on your personal cell phone.

To request confidential communications, give your request in writing addressed to your FFTC Therapist and deliver to *FFTC, 6092 Franconia Road, Alexandria, VA 22310*.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You will receive a paper copy of this notice for your records and we will retain the signed acknowledgement receipt of this notice in your file.

HOW MAY FFTC USE AND DISCLOSE HEALTH INFORMATION ABOUT ME TO OTHER PEOPLE?

When we have your written permission. If you give us written permission to use or disclose your health information to someone else, we will use or disclose it according to your specific instructions. You may revoke your permission, in writing, at any time, except to the extent that we have already used or disclosed the information that you gave us permission to use or disclose.

When we do not have your written permission. Sometimes we will disclose information without your permission. In each of these cases, we will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

Any time we disclose information without your permission to anyone except employees of FFTC, we will place in your medical record a written notation of the information we disclosed, the name of the person who received the information, the purpose of the disclosure, and the date of disclosure. We will also let you know in writing about the disclosure, including the name of each person who received the information and the nature of the information. PLEASE NOTE: We will make every attempt to do this before the disclosure. Only in an emergency, will we notify you as soon as we can afterwards.

Because you are notified prior to the disclosure, you have the right to object. If the disclosure is not required by law, we will give strong consideration to any objections from you in making the decision to release information.

Before we disclose information to anyone, we will verify the identity and authority of the person receiving the information.

The following are examples that describe different ways FFTC may use and disclose health information about you without your written permission.

- **To find someone to make decisions on your behalf.** If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you (called a “legally authorized representative” or “LAR”). Before we disclose any information, we must determine that disclosure is allowed by law and in your best interests.
- **Required by Law.** We will disclose health information about you when we are required to do so by a federal, state, or local law or regulation.
- **Public Safety.** If we reasonably believe that you pose a serious and imminent threat to a specific identifiable person or the public, we may communicate those facts to the authorities if necessary to prevent or lessen the potential threat.
- **Judicial and Administrative Proceedings.** When a court orders us to disclose health information, we will disclose the information that the court orders. We will also disclose health information in response to a subpoena that meets the requirements of Virginia law.
- **Law Enforcement Officials.** We may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.

- **Federal Government.** We may disclose health information if required by the U.S. Department of Health and Human Services to investigate FFTC compliance with federal privacy laws.
- **Victims of Abuse and Neglect.** If we reasonably believe that you are a victim of abuse or neglect, we will disclose health information about you to a government agency authorized by law to receive such information, to the extent that we are required to do so by law.

Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on the authorization.

WHAT ABOUT THE PHI RECORDS OF MINORS?

State and federal privacy laws recognize parents/guardians as personal representatives of their children. Therefore, parents can access PHI about their children.

There are a few exceptions to the right of parental access to their child's records:

- When a court makes the determination.
- When the law authorizes someone other than the parent to make health decisions for the minor.
- When the parent/guardians consents to an agreement of confidentiality between the minor and the health care professional.

We are required to abide by all of the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information we maintain. If our notice changes, a revised notice will be provided to you at your next FFTC appointment.

For more information: If you have questions or would like additional information, you may contact Al Nestor, LCSW, FFTC Privacy Officer at 703-922-0443 or 703-298-0604 (cell).

If you believe your privacy rights have been violated, you may file a confidential complaint by contacting Al Nestor, LCSW, FFTC Privacy Officer at 703-922-0443 or 703-298-0604 (cell). Or, the Secretary of the U.S. Department of Health and Human Services, at 202-619-0257 or toll free at 1-877-696-6775.

No one will retaliate against you in any way for filing a complaint.