

## **THE WOMEN'S CENTER**

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### **ATTENTION CLIENTS:**

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

## **Notice of Privacy Practices**

Privacy is a very important concern for all those who come to The Women's Center. It is also complicated because of federal and state laws and our profession. Because the rules are so complicated, some parts of this Notice are quite detailed and you may have to read them several times to understand them. If you have any questions our Privacy Officer, Dr. Janet Kimberling, will be happy to help you. Contact information for Dr. Kimberling is at the end of this Notice.

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## **A. Introduction—To Clients of The Women’s Center**

This notice will tell you about how The Women’s Center handles information about you. It tells how The Women’s Center uses this information in our offices, how The Women’s Center shares it with other professionals and organizations, and how you can see it. The Women’s Center wants you to know all of this so that you can make the best decisions for yourself and your family. The Women’s Center is also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law, other federal laws, and the laws of the Commonwealth of Virginia are very complicated and The Women’s Center does not want to make you read each law, which may not apply to you directly, The Women’s Center has simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask The Women’s Center’s Privacy Officer for more explanation or details.

## **B. What The Women’s Center Means by Your Medical Information**

Each time you visit The Women’s Center or any doctor’s office, hospital, clinic, or any other “health care provider,” information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the treatment or other services you received from The Women’s Center or from others, or about payment for health care. The information The Women’s Center collects from you is called, in the law, **PHI**, which stands for **Protected Health Information**. This information goes into your medical or health care record or file at our offices. At The Women’s Center, PHI is likely to include these kinds of information:

- Your history—As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment—Your problems, complaints, symptoms, needs, and goals.
- Diagnoses—Diagnoses are the medical terms for your problems or symptoms.
- Treatment plan—These are the treatments and other services which your therapist thinks will best help you.
- Progress notes—Each time you come in, your therapist will write down some things about how you are doing, what she/he observes about you, and what you tell your therapist.
- Records—These include records The Women’s Center receives from others who treated or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking.
- Legal matters.
- Billing, payment, and insurance information.

This list is just to give you an idea and there may be other kinds of information that go into your health care record at The Women’s Center.

The Women’s Center uses this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.

- When we talk with other health care professionals who are also treating you, such as your family doctor, psychiatrist, or the professional who referred you to us.
- To show that you actually received the services from us which we billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the health care practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing, you can ask us to amend your record, although in some rare situations, we do not have to agree to do that. Our Privacy Officer, whose name and contact information is at the end of this Notice, can explain more about this.

### **C. Privacy and the Laws about Privacy**

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the Notice of Privacy Practices or NPP. The Women's Center will obey the rules of this notice as long as it is in effect, but if The Women's Center changes it, the rules of the new NPP will apply to all of the PHI we keep. If we change the NPP, we will post the new NPP in our offices where clients can see. You or anyone else can also get a copy from our Privacy Officer at any time and it will be posted on our web site and in our lobby.

### **D. How Your Protected Health Information (PHI) Can Be Used and Shared**

When your information is read by your therapist or others at The Women's Center it is called, in the law, "use." If the information is shared with or sent to others outside of this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI at The Women's Center or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, to know how it is used and to have a say in how it is disclosed, and so we will tell you more about what we do with your information.

The Women's Center uses and discloses PHI for several reasons. Mainly, we will use and disclose it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a written Authorization form unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your authorization.

#### **D1. Uses and Disclosures of PHI in Health Care Allowed under HIPAA**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows us to use your protected health information (PHI) for treatment, payment, and health care operations (TPO). In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment

to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called TPO and HIPAA allows us to use and disclose your PHI for TPO. However, we are required by the law to give you notice of how we use your PHI and have you sign a form acknowledging that we have provided you with this notice. You are asked to sign an Acknowledgement form after you have received this notice and before you begin treatment at The Women's Center.

### **D1a. The Basic Uses and Disclosures—For Treatment, Payment, and Health Care Operations (TPO)**

The Women's Center needs information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly.

When you come to The Women's Center, several people in our office may collect information about you and all of it may go into your health care records here. Generally, we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called health care operations, all of which are described below.

#### ***For Treatment***

We use your medical information to provide you with psychological treatment or services. These might include individual, family or group therapy, psychological, educational, or career assessment, treatment planning, or measuring the effects of our services.

Under HIPAA, providers such as The Women's Center may share or disclose your PHI to others who provide treatment to you, such as your psychiatrist or personal physician, without obtaining your authorization to do so. Historically, The Women's Center has asked each client to sign an Authorization form before sharing or disclosing your PHI to others who provide treatment to you. Although HIPAA allows providers such as The Women's Center to share and disclose your PHI to others who provide treatment to you without your authorization, The Women's Center has decided to continue to ask each client to sign an Authorization form before sharing or disclosing your PHI to other providers.

The Women's Center may ask you to sign an Authorization form to share or disclose your PHI with other providers who are treating you, such as your psychiatrist or personal physician. For example, if you are being treated by a team, we may ask if we can share some of your PHI with them so that the services you receive will be coordinated. If you sign an Authorization form, the other providers who are treating you may also enter their findings, the actions they took, and their plans into your record so that all providers who are treating you can decide what treatments work best for you and make up a Treatment Plan.

During the course of your treatment at The Women's Center, we may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. When we do this, we need to tell them some things about you and your conditions. We will ask you to sign an Authorization form so that we may share your PHI with these providers. If you agree to do so, we may get back their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we may also ask for you to sign an Authorization form so that we may share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

Some of the therapists at The Women's Center are required to have supervision. These therapists include the non-licensed therapists, interns, and externs. As part of supervision, these therapists meet with their supervisors to discuss their cases to ensure that they are offering appropriate treatment. When you meet with a therapist who receives supervision, you are notified of this and provided with contact information for the therapist's supervisor on your copy of the Client Data Sheet. We do not ask you to sign an Authorization form to allow your therapist to discuss your PHI with their supervisor, as this is not required under HIPAA.

### ***For Payment***

Under HIPAA, we may use your information to bill you, your insurance, or others to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things. We do not have to receive your authorization to share this information, but we are required to inform you of how we use your PHI for payment.

### ***For Health Care Operations***

There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for the services that are needed. If we do, your name and identity will be removed from what we send. We do not have to receive your authorization to share this information, but we are required to inform you of how we use your PHI for health care operations.

## **D1b. Other Uses and Disclosures in Health Care**

- Appointment Scheduling/Rescheduling. We may use and disclose medical information to schedule or reschedule your appointments for treatment or other care. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, you can note that on your Client Data Sheet.
- Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.
- Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- Research. HIPAA allows agencies such as The Women's Center to use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address, and other information that reveals who you are will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you and you will have to sign a special Authorization form before any information is shared.
- Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples include insurance billing services, auditors, and attorneys. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

## **D2. Uses and Disclosures Requiring Your Authorization**

If we want to use your information for any purpose besides TPO or those we described above, we need your permission on an Authorization form.

If you do authorize us to use or disclose your PHI, you can revoke (or cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes to which we agreed. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

### **D3. Uses and Disclosures Not Requiring Your Authorization**

The law lets us use and disclose some of your PHI without your authorization in some cases.

**When Required by Law.** There are some federal, state, and local laws that require us to disclose PHI.

- We have to report suspected child abuse or elder abuse.
- If you are involved in a lawsuit or legal proceedings and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, and informing you how to get a court order to protect the information they requested.
- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

**For Law Enforcement Purposes.** We may release medical information if asked to do so by a law enforcement official to investigate a crime or a criminal.

**For Public Health Activities.** We might disclose some of your PHI to agencies which investigate diseases or injuries.

**Relating to Decedents.** We might disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

**For Specific Government Functions.** We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Worker's Compensation programs, and for national security reasons.

**To Prevent a Serious Threat to Health or Safety.** If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent or reduce the threat.

### **D4. Uses and Disclosures Requiring You to Have an Opportunity to Object**

Under HIPAA, providers such as The Women's Center can share some information about you with your family or close others. The law also requires you to have an opportunity to object to providers sharing this information with others. Historically, The Women's Center has asked clients to sign an Authorization form before sharing information with anyone other than a parent or a legally-authorized representative. Although HIPAA allows providers such as The Women's Center to share this information without your authorization, The Women's Center has decided that we will continue to ask for your authorization before doing so. If you sign an Authorization form allowing us to share some information about you with family or close others designated on your Authorization form, you can tell us what you want us to share or not to share, and we will honor your wishes, as long as it is not against the law.

If it is an emergency—so we cannot ask if you disagree—we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you do not approve, we will stop, as long as it is not against the law.

### **D5. An Accounting of Disclosures The Women's Center Has Made**

When we disclose your PHI, we keep records of what we sent, to whom we sent it, and when we sent it. You can get an accounting list of many of these disclosures by asking for and completing a Client

Request for an Accounting of Disclosures form. Should you wish to do so, please ask your therapist or The Women's Center's Privacy Officer for a copy of this form.

## **E. Your Rights Regarding Your Health Information**

In this document we discuss your rights regarding your health information. However, to make it more simply stated, we are providing a list of your rights regarding your health information below.

**Right to Notice.** You have the right to receive adequate notice of the uses and disclosures of protected health information that may be made by The Women's Center and of your rights and The Women's Center's legal duties with respect to protected health information. The Women's Center is providing you with a written copy of our Notice of Privacy Practices (NPP) to give you this information.

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your protected health information. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we do not have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or if there is an emergency, or when the information is necessary to treat you. If you would like to request restrictions on certain uses and disclosures of your protected health information, please ask your therapist or The Women's Center's Privacy Officer for instructions on how to complete a written request form.

**Right to Confidential Communications.** You have the right to receive confidential communications of your protected health information. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask. You can tell us how we should communicate with you by noting your preferred means of communication on your Client Data Sheet and your Financial Policies Statement. You can also submit changes in writing to your therapist or to The Women's Center's Privacy Officer.

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information. You have the right to look at the health information we have about you, such as your medical and billing records. You can even get a copy of these records, but we may charge you. If you would like to inspect and copy your protected health information, please ask your therapist or The Women's Center's Privacy Officer for instructions on how to complete a written request form.

**Right to Amend.** You have the right to amend your protected health information. If you believe the information in your records is incorrect or incomplete, you can ask us to amend, or make some changes to, your health information. You must tell us the reasons you want to make these changes. If you would like to amend your protected health information, please ask your therapist or The Women's Center's Privacy Officer for instructions on how to complete a written request form.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your protected health information that The Women's Center has made. If you would like to request an accounting of disclosures, please ask your therapist or The Women's Center's Privacy Officer for instructions on how to complete a written request form.

**Right to Receive a Copy of This Notice.** You have the right to obtain a paper copy of The Women's Center's Notice of Privacy Practices. If we change this NPP, we will post it in our lobby and on our web site and you can always get a copy of the NPP from The Women's Center's Privacy Officer.

**Right to Make a Complaint.** You have the right to file a complaint if you believe that your privacy rights have been violated. You can file a complaint with The Women's Center's Privacy Officer or The Women's Center's Compliance Officer, as well as with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. If you would like to make a complaint, you may complete a complaint form (which is

called, "Is there a problem?") and you do not have to include your name on this complaint form if you do not wish to do so.

## **F. If You Have Questions or Problems**

If you need more information or have questions about the privacy practices described above, please speak to The Women's Center's Privacy Officer whose name and telephone number are listed below.

If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the Privacy Officer or the Compliance Officer (contact information provided below) for instructions on how to file a complaint. You may telephone, write, or come in person to either the Privacy Officer or the Compliance Officer to make a complaint. If you do not wish to include your name on a complaint, you may fill out a complaint form without including your name, and place it in the designated box in the lobby area. You may have someone represent you during the complaint process if you wish. If the matter is not resolved satisfactorily by the Privacy Officer, you may take the matter to the Compliance Officer. If the matter is not resolved satisfactorily by the Compliance Officer, you have the right to file a complaint with the Secretary of the Federal Department of Health and Human Services. We will not limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact The Women's Center's Privacy Officer, whose information is provided below.

Privacy Officer  
Dr. Janet Kimberling  
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Compliance Officer  
Shirley Clark  
Interim CEO & Executive Director  
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The effective date of this notice is January 15, 2008.

Form Date 10/15/2011