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3000 Connecticut Ave. NW Washington DC

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR YOUR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS AS A PATIENT OR PARENT RECEIVING TREATMENT IN THIS PRACTICE. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or verbally be kept confidential. This federal law gives you, the client/client's legal guardian, the right to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Notice of Right to Privacy and Confidentiality--Confidentiality is maintained as part of the therapy process in accord with generally accepted ethical standards. Your written authorization is required for release of information or records. Information can be exchanged in various forms at your request (i.e. written, verbal, telephone, fax, and/or email). Measures will be taken to ensure confidentiality and maintain federal, state and local regulations. Exchange is for the purpose of coordinating treatment and completing a thorough assessment. Exceptions are made to this policy only in the following circumstances:

1. As a clinician, I am a mandated reporter, which means that if I have knowledge of, or reasonable cause to believe, that a child is being neglected or abused I must, and will, report this to a state/local agency;
2. If someone threatens to hurt himself or herself, or someone else, and in my professional judgment I believe there is a safety concern, we will take the necessary steps to protect you or the other person;
3. If I receive a subpoena from a court of law or a legally mandated request from a law enforcement official requesting medical records or testimony, I will make every effort to protect the confidentiality and integrity of the therapeutic relationship. However, the court process can jeopardize confidentiality and therefore should be discussed and considered carefully;
4. If I receive a request of pertinent information from a medical examiner.
5. If I am required by appropriate authorities to provide information to US or foreign military forces (including veterans), federal officials for intelligence and national security activities authorized by law, for the protection of the President (or other officials or foreign heads of state), correctional institutions or law enforcement officials (if you are an inmate or under the custody of law enforcement and for the purposes of health care provision to protect you and/or the safety of other individuals, the institution, or the public) and/or for workers' compensation and similar programs;

6. As a clinician I may consult with colleagues on clinical work. Such consultations are bound by the same confidentiality standards as the sessions themselves. In this process, I release as little identifying information as possible to protect your privacy to the degree possible;

7. In addition, your confidential information may be used to remind you of an appointment (by phone, mail or email) or to provide you with information about treatment options or health-related services including release of information to family and friends who are directly involved in your care.

*****I am permitted to use and disclose your health records for the purposes of treatment, payment and health care operations.*****

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment include individual therapy, group therapy, parent consultation, or family therapy, etc.

Payment includes such activities as obtaining reimbursement for services, billing and collection activities, credit card processing, etc.

Health Care Operations includes the business aspects of running our practice, such as conducting quality improvement reviews, auditing/cost-management functions, supervision/consultation, and client services.

Notice of Rights and Responsibilities---Below is a description of your rights and your responsibilities with regard to your protected health information and treatment. To exercise these rights you may present a written request to our office at the address listed below:

1. Right to Non-discrimination--You have the right not to be discriminated against in the provision of professional services on the basis of race, age, gender, ethnic origin, disabilities, or sexual orientation.

2. Right to Professional Disclosure--You have the right to inquire about training, professional competencies, experience, education, and other relevant information that may be important to you in the provision of services. You have the right to examine public records maintained by the State of Virginia, Maryland, and District of Columbia Licensing Board of Social Workers, and the Board of Psychology for Treatment Providers.

3. Right to Professional Recommendations, Opinions, and Referrals--You have the right to be informed of the assessment of the presenting problem(s) and to know available treatment alternatives. You also have the right to understand the purpose of professional services, including an estimate of the number of therapy or consultation sessions, the expected length of time involved, the cost of the services, the method of treatment, and the expected outcomes of therapy. You have the right to consent to or refuse recommended treatment. During the course of treatment, it may be determined that referrals for further or more specialized services or consultations are recommended. Referrals may be made for a number of reasons including need for educational services, psychological testing, medical and/or psychiatric evaluation, etc. Referrals will be provided and discussed openly with you. You have the right to an explanation of these referrals.

4. Right to Confidentiality and to Release/Restrict Disclosure of Health Care Information---You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or other persons identified by you. You have the right to receive confidential communications of protected health information from us. You also have the right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.

5. Right to Access and to Amend---As a parent or legal guardian of the named child, you have the right to information concerning your minor child in therapy, except where otherwise stated by law. You have the right to

access, inspect and copy you or your child's protected health information. You also have the right to request an amendment to your protected health information.

6. Right to Informed Consent and Notice of Privacy Practices---You have the right to obtain a paper copy of this notice from us upon request. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our NOTICE OF PRIVACY PRACTICES AND PATIENT RESPONSIBILITIES will be posted on the effective date and you may request a written copy of the revised notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event that you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

**Ryan Long, LICSW
3000 Connecticut Ave. NW Washington DC
Suite 436
Washington, DC 20008**

For more information about HIPAA or to file a complaint, please contact:

**The U.S. Department of Health & Human Services
Office of Civil Rights
Independence Avenue SW
Washington DC 20201
(877) 696-6775 (toll free)**

Signature:

Date:

Signature:

Date: