

# Virginia Notice Form

Megan F. Gerbracht, Psy.D., LLC

EIN: 26-3882474

Virginia License # 0810003894

1489 Chain Bridge Rd., Suite 203 McLean, Virginia 22101

(703) 627-9086

## Notice of Privacy Practices of Your Health Information

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

Any information I acquire about you while you are my client is safeguarded by law regulating mental health information.

### **Written Authorization**

I may ask to use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes, but will only do so with your informed and written authorization. PHI refers to information in your health records that could identify you. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, again I will obtain a written authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. These are notes I have made about our conversation during a private, group, joint, or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures without Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances: (a) if I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities; (b) I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglect, or exploitation; (c) if I receive a subpoena from the Virginia Board of Psychology because they are investigating my practice, I must disclose any PHI requested by the board; (d) if you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case; (e)

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if you communicate to me a specific threat of imminent harm against another individual, or if I believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm; (f) if I believe you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm; (g) if you file a worker's compensation claim, upon written request, I will submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. You also have the right to (a) request and receive confidential communications of PHI by means and locations we agree upon and (b) inspect or obtain a copy (or both) of Psychotherapy Notes, unless I believe the disclosure of the record will be injurious to your health. Upon your request, I will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes. You have the rights to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. However, I will discuss with you the details of the amendment process. You have the right to receive an accounting of disclosures of PHI. Upon your request, I will discuss with you the details of the accounting process. Finally you have the right to obtain a paper copy of the notice from me upon request.

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will notify you in writing.

If you have any questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me to discuss this matter. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to my attention at the above address. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

If you should have any questions about this notice, please do not hesitate to ask me.