

# FORENSIC AND MENTAL HEALTH SERVICES, LLC

Lisa B. Magazine, PhD, CSOTP, Licensed Clinical Psychologist

6610 Commons Drive, #103

Prince George, VA 23875

Office: (804) 722-0620

Fax: (804) 722-0621

E-mail: DrLBMagazine@comcast.net

---

## Notice of Privacy Practices

EFFECTIVE OCTOBER 17, 2007

***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.***

This notice describes the privacy practices of Forensic and Mental Health Services, LLC. Forensic and Mental Health Services, LLC is required by law to maintain the privacy of protected health information. I am also required by law to provide you with this notice telling you about my legal duties and privacy practices with respect to protected health information. Protected Health Information refers to information in your health record that could identify you. If you have someone making decisions on your behalf because you are not able to make decisions yourself, I will give a copy of this notice to that person, and I will work with that person in all matters relating to uses and disclosures of your health information.

### How I May Use and Disclose Health Information About You to Other People

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

**When I do not have your written permission, such as when required by law.** Sometimes I will disclose information without your permission. In each of these cases, I 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 I disclose information without your permission, I will place in your medical record a written notation of the information I disclosed, the name of the person who received the information, the purpose of the disclosure, and the date of disclosure. I 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. I will do this before the disclosure or, in an emergency, as soon as I can afterwards.

If the disclosure is not required by law, I will give strong consideration to any objections from you in making the decision to release information. Before I disclose information to anyone, I will verify the identity and authority of the person receiving the information.

The following categories describe different ways that I may use and disclose health information about you *without your written permission*. Not every use or disclosure in a category will be listed. However, all of the ways that I am permitted to use and disclose information without your permission will fall within one of these categories:

- **To find someone to make decisions on your behalf.** If you are not capable of making medical decisions, I may disclose your health information in order to identify someone to make those decisions for you (called a "legally authorized representative" or "LAR"). Before I disclose any information, I must determine that disclosure is in your best interests.
- **Payment.** I may use and disclose health information about you so that I can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. I have to follow Virginia law that limits the amount of health information I can disclose about you. *For example,* I may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier or Medicaid. The information I send to an insurer may include your name; the date you began treatment or assessment at this facility; the date you became ill; the date you treatment or assessment services were terminated; your diagnosis; a brief description of the type and number of services I provided you; your status; and your relationship to the person who has agreed to pay your bills.
- **Health Care Operations.** Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Business Associates.** Some of my services may be provided through contracts or agreements with other public and private entities, and some of these contracts or agreements require that health information be disclosed to the contractor. These contractors are known as "business associates." Examples include other psychologists or physicians. I may disclose your health information to these people so that they can perform the job I have asked them to do. These business associates will also comply with HIPAA regulations.
- **Required by Law.** I will disclose health information about you when I am required to do so by a federal, state, or local law or regulation.
- **Public Safety.** If I reasonably believe that you pose a serious and imminent threat to a specifically identifiable person or the public, I may communicate those facts necessary to prevent or lessen the potential threat.
- **Public Health.** As authorized by law, I will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.
- **Workers' Compensation.** I may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent I am required to do so to comply with, law.
- **Food and Drug Administration (FDA).** I may disclose information about you to the FDA as necessary for product recalls, withdrawals, and other problems with a product; to track products; or to report adverse events, product defects, or other problems with products.

- **Health Oversight Agencies**. I may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing. Information may be disclosed to oversight agencies.
- **Coroners, Medical Examiners and Funeral Directors**. I may release health information regarding decedents to coroners, medical examiners, or funeral directors, as authorized by law. *For example*, Virginia law may require me to notify the medical examiner when an individual dies in our facility. I am also required to report to a funeral director any infectious disease that someone who died may have had.
- **National Security, Intelligence Activities and Protective Services for the President**. I may disclose health information to a public official for national security activities and the protective services of the President and others when I am required to comply with a valid subpoena or other legal processes, or if such disclosure is required by state or federal law.
- **Correctional Institutions and Other Law Enforcement Custodial Situations**. I may disclose health information to a correctional institution if the disclosure is required by state or federal law.
- **Judicial and Administrative Proceedings**. When a court orders me to disclose health information, I will disclose the information that the court orders. I will also disclose health information in response to a subpoena that meets the requirements of Virginia law.
- **Law Enforcement Officials**. I 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.
- **Research**. I may disclose aggregate health information to researchers, when this information does not identify you or any other person or when research has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.
- **Victims of Abuse and Neglect**. If I reasonably believe that you are a victim of abuse or neglect, I will disclose health information about you to a government agency authorized by law to receive such information, to the extent that I am 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 I have acted in reliance on the authorization.**

### **Your Rights Regarding Health Information About You**

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

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

I 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 psychologist 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. I 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 I have about you is incorrect or incomplete, you may ask me 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 me.

I may deny your request to amend information that:

- Was not created by me, 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 me;
- 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 me to put a statement of disagreement in your record.

**Right to an Accounting of Disclosures**. You have the right to request and receive a list of the disclosures that I have made of your health information. Your request may indicate a time period, and you should tell me the form in which you want the list (for example, on paper or electronically).

**Right to Request Restrictions**. You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment or health care operations. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to **me using the address at the top of this Notice**. In your request you must tell me: (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 I communicate with you about health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing to **me using the address at the top of this Notice**. I will not ask you the reason for your request. I 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**. Upon your request, you have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

I am required to abide by all of the terms of the Notice of Privacy Practices currently in effect.

**I reserve the right to change the terms of this Notice** and to make the new notice provisions effective for all protected health information I maintain. I am not obligated to tell you if this notice changes, but you may request a copy of the revised notice by calling or writing to me using the contact information at the top of this form.

**For more information:** If you have questions and would like additional information, you may contact me using the contact information at the top of this Notice.

**If you believe your privacy rights have been violated**, you can file a complaint by contacting any the Secretary of the United States 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.**

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
FORENSIC AND MENTAL HEALTH SERVICES, LLC  
NOTICE OF PRIVACY PRACTICES**

**I have been provided a copy of the Forensic and Mental Health Services, LLC's Notice of Privacy Practices.**

\_\_\_\_\_  
Signature of Individual or  
Legally Authorized Representative

\_\_\_\_\_  
Printed Name of Individual or  
Legally Authorized Representative

Date Notice given: \_\_\_\_\_

Staff Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_