

Randy Walton, Ph.D.  
Licensed Clinical Psychologist

## **NOTICE OF PRIVACY PRACTICES**

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

### **I. GENERAL INFORMATION**

*I understand that health information about you and your health care is personal. I am committed to protecting health information about you.*

I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. I am required by law to:

- Make sure that protected health information (i.e., PHI) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. Changes to this Notice will be available upon request, in my office, and on my website.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that I use and disclose health information. All of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with a client to use or disclose the client's personal health information without the client's written authorization to carry out treatment, payment, or health care operations. My policy is to obtain a Release of Information (ROI) signed by you whenever your PHI is released by me, except for routine billing and payment operations, for emergency situations to facilitate provision of appropriate care, and for exceptions listed in III. Please discuss any questions about this with me, or refer to the Health and Human Services website for more detailed information:  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html>.

I will not use, disclose, or sell your PHI for marketing purposes.

### **III. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION**

In general, all of your PHI is kept private and confidential by me, except with your written authorization via a signed Release of Information (ROI) form. There are some exceptions to this as outlined below.

1. To protect safety: If I assess an imminent threat of suicide or self-harm, or an imminent threat that you present to others, I am required to take steps to protect your safety or others' safety, per Virginia's "duty to protect" statute. Such threats may be addressed and resolved within a therapy session, but protecting your or others' safety may include disclosure of PHI to others.
2. To comply with mandated reporting requirements: I am required by law to report suspected child, elder, or dependent adult abuse or neglect to appropriate authorities, e.g., Department of Social Services.
3. To comply with the law when disclosure is required by state or federal law. This may include responding to a subpoena, court order, or other legally authorized disclosures.
4. When coroners or medical examiners are performing duties authorized by law.
5. For health oversight activities, including audits and investigations.

I will always make efforts to tell you about such requests or disclosures, and attempt to obtain your authorization before disclosing such information. I will limit the use or disclosure of PHI to the minimum information required by law.

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**NOTICE OF PRIVACY PRACTICES (CONT.)**

**IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care, but I will discuss this with you.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone, email, text) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See Your Record and the PHI in Your Record. You have the right review your record, and you have the right to add clarifications or corrections if you desire. I may require that I am present when reviewing your record to help clarify information and answer questions; I do this to reduce the likelihood that any information will be misinterpreted, misunderstood, or cause significant distress.
5. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
6. You Have the Right to Obtain Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record within 15 days of receiving your written request, or a summary of it if you agree to receive a summary, within 30 days of receiving your written request. There is a fee for providing paper copies of your record: the first five pages are free of charge, and there is a charge of \$.50 (50 cents) per page after that.
7. The Right to Get a List of the Disclosures I Have Made. I make an effort to inform you of any instances when I disclose information about you, other than routine disclosures for treatment, payment, or health care operations. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I provide will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
8. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of my office's HIPPA Notice of Privacy Practices.

\_\_\_\_\_ Signature \_\_\_\_\_ Date