



Better Days Therapy

Melissa Adams, LPC
1999 South Main St., Suite 500C
Blacksburg, VA 24060
(540) 216-2808

NOTIFICATION OF PRIVACY, HUMAN RIGHTS, AND INFORMED CONSENT FOR TREATMENT

This notice describes how private personal medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your Privacy is Important: This notice describes how your health information may be used and disclosed while being served by Better Days Therapy (Melissa Adams, LPC). I am required to abide by the terms of this notice.

Documentation: Each time you receive services from me, I make a record of the contact. Types of information kept in your record may include written assessments, treatment plans, progress notes, diagnoses, treatment records, transition and/or discharge planning.

Billing and Payment Use of Your Health Information: To receive payment of services, your health information may be sent to companies or groups responsible for payment coverage. A bill from Better Days Therapy, Melissa Adams LPC is sent to the responsible party you have identified.

Your Privacy Rights: are defined under 45 CFR Parts 160 and 164, HIPPA, The American Reinvestment and Recovery Act of 2009, and The Commonwealth of Virginia's Code 35-115-80 and 35-115-90, Human Rights. The HIPPA Privacy Rule establishes rights for recipients of health care and provides clients with authority over their health care information.

The HIPPA Privacy Rule Gives You the Right to:

- **Access to Review and Gain Copies of Your Health Records and Make Corrections:** You have the right to have access to your medical record to inspect, challenge, copy, amend, or correct it. The right is not absolute. In certain situations, access may be denied if a physician or psychologist believes that reviewing your records would result in harm to self or others. Make this request by contacting your counselor. If denied access, you will receive a timely, written notice of the decision and reason. A copy of this written notice becomes a part of your record.

The HIPPA Privacy Rule Gives You the Right to (cont.):

- **Receive an Accounting of Disclosures:** You have the right to receive an accounting of all disclosures of your protected health information that were not part of providing treatment, receiving payment, or other health care operations, or already authorized by you.
- **Receive Private & Confidential Communication:** You have the right to receive confidential communications about your protected health information.
- **Change How I Contact You:** You have the right to request an alternative mode of communication or contact for billing purposes and for service-related contacts such as calls to remind you about an appointment.

Use & Disclosure of Information:

- **“Use” of Your Health Information:** Upon signing the Notification of Privacy, Human Rights, and Informed Consent for Treatment form, you are allowing me to use and disclose necessary health information about you within the private practice and with business associates in order to provide services, collect payments for services provided, and conduct other day to day business practices.
- **Minimum Necessary Rule:** I use the minimum amount of health care information necessary when responding to appropriate needs for information.
- **“Disclosure” of Your Health Information:** I am required to get your authorization to use or disclose your protected health information when it is shared outside of the private practice. Communication and coordination of services with other providers or agencies may be necessary during the course of providing care. I use a written Authorization for Release of Protected Health Information form that specifically states what information will be given to whom, for what purpose(s), and is signed by you or your legal representative. You have the right to revoke a signed authorization, but it would not apply to any sharing of information that already occurred under that authorization. You have a right to obtain a copy of any authorizations you sign.

Other Ways I May Use Your Health Information:

- **Consultation:** In order to effectively provide services, I may consult within the private practice and other local providers. During consultation health information about you may be shared.
- **Quality Improvement:** As a part of my continuous quality improvement efforts to provide the most effective services, your record may be reviewed and audited by staff to assure accuracy, completeness, and organizations. Your health information may also be reviewed during audits by state, federal and/or private oversight or regulatory boards.

Other Ways I May use Your Health Information (cont.):

- **Enhancing Your Healthcare:** I may provide the following support to enhance your overall health care and may contact you to provide appointment reminders by phone call, text, email, or letter informing you about treatment options or information about health-related benefits and services that may be of interest to you.
- **Specific Circumstances for Disclosure:** Although you have the right to give or not give consent to the disclosure of your health information, I am allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or opportunity to agree or object. Communication or sharing of information may occur for the following:
 - o As required by law (example: court-ordered warrant)
 - o Public health activities (example: communicable diseases)
 - o Judicial and administrative proceedings (example: order from a court)
 - o To avert a serious threat to health and safety (example: in response to a statement made by client to harm self or another or substantial property damage.)
 - o To protect children or incapacitate adults who are victims of abuse, neglect, or exploitation by reporting suspected abuse to the Department of social Services-Child or Adult Protective Services.



Client Name (Printed)

Authorized Signature

Authorized Name
(If different from client name)

Date