

NOTICE OF PRIVACY PRACTICES

For the office of:

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**IMPORTANT: 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.**

Updated August 1, 2019

I, Laurie L. Rosen, LCSW, am required by law to protect certain aspects of your health care information known as Protected Health Information (PHI) and to provide you with this Notice of Privacy Practices (NPP).

I respect your privacy, and treat all health care information about my patients with care under strict policies of confidentiality that I am committed to following at all times.

Purpose of NPP

This Notice of Privacy Practices (NPP) describes your legal rights, advises you of my privacy practices, and lets you know how I am permitted to use and disclose Protected Health Information (PHI) about you.

Uses and Disclosures of PHI

I may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of my use of your PHI:

- **For treatment** This includes such things as: verbal and written information that I obtain about you and use pertaining to your mental health, medical condition, and treatment provided to you by me and other medical personnel.
- **For payment** This includes any activities I must undertake in order to be reimbursed for the services I provide to you, including such things as submitting bills to insurance companies (either directly or through a third party billing company), medical necessity determinations and reviews, and contact with collection agencies for outstanding accounts.
- **For health care operations** At times, I will need to contact you regarding scheduling, treatment, or billing matters. It is your responsibility to inform me which methods you prefer to maintain your privacy. Be aware that cell phone contact and email are not secure lines, and therefore, may not be confidential. If you do not wish to be contacted via email; or, if you prefer I not leave my name and message on a family voicemail, please let me know. Email contact is for administrative and/or scheduling purposes only. Crisis matters need to be handled with a 911 call or emergency room visit. **Be sure to make cancellations either by voice mail or email within 24 hours of appointment in order to avoid a cancellation fee. Counseling sessions will not be conducted via email.**

Use and Disclosure of PHI Without Your Authorization

I am permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- To another health care provider or entity for the payment activities of the provider, or entity that receives the information (such as your hospital or insurance company), or other health care operations as needed.
- To a family member, other relative, close personal friend, or other individual involved in your care if I obtain your verbal agreement to do so, or if I determine in my professional judgment that such a disclosure would be in your best interests.
- To the appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence; or the possible victim of other crimes. I may disclose PHI to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others. PHI will also be disclosed to authorized state or federal agencies, as well as judicial and law enforcement officials in response to a court order or other lawful process.
- Professional Development & Consultation - PHI that does not personally identify you or who you are may be used for purposes of facilitating your treatment, fostering my own professional development, or helping to train other colleagues. In doing so, pseudonyms are used to protect identity and other personally identifying information such as birthdate or address is not used.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. The authorization must specifically identify the information I seek to use or disclose, as well as when and how I seek to use or disclose it. You may revoke your authorization at any time, in writing, except to the extent that I have already used or disclosed medical information based upon that authorization.

Patient Rights As a patient, you have a number of rights with respect to the protection of your PHI, including:

- **The right to access, copy, or inspect your PHI** - I will generally provide access to this information within 30 days of your request. In limited circumstances, I may deny you access to your medical information, and you may appeal certain types of denials. I have forms available for you to request access to your PHI. I will provide a written response if I deny you access and let you know your appeal rights. If you wish to inspect and have a copy of your records, please contact me in writing. Please note record requests, written correspondence, and assessments are subject to a fee.
- **The right to request amending your PHI** - You have the right to ask me to amend written medical information that I may have about you. If errors are found, I will generally amend your information within 60 days of your request and will notify you when I have amended the information. I am permitted by law to deny your request to amend your medical information, but only in certain circumstances. For example, if I believe the information is correct and no errors exist, your request will be denied. If you wish to request that I amend the medical information that I have about you, please contact me in writing.
- **Internet and Electronic Mail access to Notice of Privacy Practices (NPP)** - If I maintain a website, I will prominently post a copy of this NPP on the web site. Your signature of having received a hard copy or been referred to the location to access this NPP will be kept on file upon intake. A copy of the NPP will be forwarded via email with intake forms at your request.
- **The right to request an accounting of use and disclosure of your PHI** - You may request an accounting from me of certain disclosures of your medical information that have been made in the last six years prior to the date of your request. I am not required to give you an accounting of information I have used or disclosed for purposes of treatment, payment or health care operations, or when I share your health information with colleagues for training purposes. I am also not required to give you an accounting of uses of PHI for which you have already given written authorization. If you wish to request an accounting of the medical information about you that I have used or disclosed that is not exempted from the accounting requirement, please contact me in writing.
- **The right to request that I restrict the uses and disclosures of your PHI** - You have the right to request, in writing, that I restrict how I use and disclose your medical information that I have about you for treatment, payment or health care operations, or to restrict the information that is provided to individuals involved in your health care. However, if you request a restriction and the information you asked me to restrict is needed to provide you with emergency treatment, then I may disclose the PHI to a health care provider as necessary. I am not required to agree to any restrictions you request, but any restrictions agreed to by me are binding.

Payment Policy

- **Cash or Check payable to Laurie L. Rosen, LCSW is due at time of session.**
- **Please note that cancellation of a session with less than 24 hours notice is subject to a \$75 cancellation fee not billable to health insurance.**
- **“Responsible Party”, as signed on the Payment Contract, agrees to pay fees not covered by health insurance, including the deductible and cancellation fees, and collection fees for outstanding balances.**

Questions about your PHI and/or NPP may be directed in writing to:
Laurie L. Rosen, LCSW at 4041 University Drive, Suite 200F, Fairfax, Virginia 22030