

David R. Wiggins, Ph.D., L.P.C., L.L.C.
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HIPAA Notice of Privacy Practices
(Effective Date: April 14, 2003)

**This privacy notice is provided on behalf of David R. Wiggins, Ph.D., L.P.C., L.L.C.
and staff at 1031 First Street S.W., Roanoke, Virginia.**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law. We are required by HIPAA to provide you with this notice. This notice describes our privacy practices, legal duties and your rights concerning Protected Information. We must follow the privacy practices in this notice while it is in effect. This notice took effect April 14, 2003. It will remain in effect unless and until we publish a new notice.

Our Pledge to Your Privacy

We are responsible for the information that we collect about you and your privacy is important to us. We are committed to protecting the confidential nature of your medical information to the fullest extent of the law. These are designed to protect your privacy. We will continue to make this a priority.

Our Legal Duty

We are required by law to make sure that your protected information is kept private. We are to give this notice of your legal duties and privacy practices with respect to medical information about you and follow the terms of this notice that is currently in effect.

The HIPAA Privacy Regulations generally do not preempt state privacy or other applicable laws that provide individuals with greater privacy protections. As a result, to the extent state law applies, the privacy laws of a state or other federal laws rather than the HIPAA Privacy Regulation, might impose a standard that we are required to follow. Where no such laws are in place, we will follow more stringent state privacy laws that relate to use and disclosure of Protected Information about mental health, substance abuse, chemical dependency, etc.

Disclosure and Uses of Protected Information

The following categories describe different ways that use and disclose your Protected Information for purposes of treatment, payment and health care operations:

***For Treatment.** We may disclose your Protected Information to people outside this practice who may be involved in your treatment such as doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. We may also disclose your Protected Information to people who may be involved in your medical care such as family members, clergy or others we use to provide services that are part of your care.

***For Payment.** We may use and disclose your Protected Information so that the treatment and services you receive at this location may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

*** For Health Care Operations.** We may use and disclose your Protected Information for health care operations. These uses and disclosures are necessary to run this facility and make sure that all of our clients receive quality care.

Other Uses and Disclosures of Your Protected Information

We must disclose your Protected Information to you with some exceptions. This will be described in the Individual Rights sections of this notice. You may give us written authorization of release of information to use or disclose your Protected Information to anyone and for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosure permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your Protected Information for any reason except as described in this notice.

The following is a description of ways we may (and are permitted by law) to use and/or discuss your Protected Information without your specific authorization:

***Family and Friends.** If you are unavailable to agree, we may disclose your Protected Information to a family member, friend or other person when the situation indicates that disclosure would be in your best interest. This includes a medical emergency or disaster relief. If you are available and agree, we may disclose your Protected Information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

***Research, Death or Organ Donation.** We may use or disclose your Protected Information for research purposes in limited circumstances specified in the HIPAA privacy regulation. We may disclose the Protected Information of a deceased person to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes.

***Public Health and Safety.** We may disclose some of your Protected Information permitted by state law to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your Protected Information to a government agency that oversees the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your Protected Information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

***Required by Law.** We may use or disclose your Protected Information when we are required to do so by law.

***Legal Processes and Proceedings.** We may disclose your Protected Information in response to a court or administrative order, subpoena, discovery request, or other lawful process. These disclosures are subject to certain administrative requirements imposed by the HIPAA privacy regulation and permitted by state law.

***Law Enforcement.** We may disclose your limited information to a law enforcement official concerning the Protected Information of a suspect, fugitive, material witness, crime victim or missing person subject to certain administrative requirements approved by the HIPAA privacy regulation and permitted by state law.

INDIVIDUAL RIGHTS

***Right to Inspect and Copy.** You have the right to inspect and copy your Protected Information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include therapy notes. To inspect and copy medical information that may be used to make decisions about you, submit your request in writing to **David R. Wiggins, Ph.D., L.P.C., L.L.C., 1031 First Street, Roanoke, Virginia 24016.** We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy. If your request is denied you may request that the denial be reviewed.

***Right to Amend.** If you feel that your Protected Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by our office. We are required by law to keep records for six (6) years. We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. In addition, we may deny the request to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for David R. Wiggins, Ph.D., L.P.C., L.L.C., or other staff at 1031 First Street, Roanoke, Virginia.
- Is not part of the information which you would be permitted to inspect or copy;
- Is not accurate and complete.

***Accounting Disclosures.** You have the right to request and receive an accounting of disclosures of your Protected Information made by us. We are not required under HIPAA regulation to provide you with an accounting of certain types of disclosures. The most significant types include:

- Any disclosure prior to April 12, 2003
- Disclosures for treatment, payment of health care operations activities
- Disclosures to persons involved in your care
- Disclosures for disaster relief, national security or intelligence purposes

To request an accounting of disclosures, you must send a written request to our office. The first list that you request within a 12 month period will be free. For additional lists, we may charge you for the costs involved and you may choose to withdraw or modify your request at that time.

Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Information we disclose about you to someone who is involved in your care, like a family member or friend. ***We are not required to agree to your request. If we do agree we will comply with your request unless the information is needed to provide you with emergency treatment.

***Confidential Communications.** If you believe that you will be in danger if we communicate Protected Information to you or to your address of record. If so, you have the right to request that we communicate with you about your Protected Information at an alternate location or by alternative means. We will make reasonable efforts to accommodate your request if you request an alternate address.

Contacting the Department of Health and Human Services

You may also submit a written complaint to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

Your signature below is acknowledgement that you have read our Notice of Privacy Practices:

Print Name: _____ Signature: _____

Date: _____ Witness: _____

The client asked for a copy of this privacy practice. ____ Yes ____ No

This signed HIPAA will remain in the patient's file; a copy may be given upon request.