

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I will be happy to help you understand our procedures and your rights.

Client Rights

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. (For example, you can ask us to call you at home, and not at work, to schedule or cancel an appt. We will try our best to do as you ask.)
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the privacy officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. All complaints must be in writing and sent to the Virginia Board of Counseling, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Virginia, 23233 or by calling 1-800-533-1560. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

Notice of Privacy Practices

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



Sandcastle Kids Counseling

Introduction

This notice will tell you how we handle your medical information. It tells how we use this information at this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice please ask don't hesitate to ask.

Medical Information

Each time you visit any doctor's office, hospital, clinic, or other health care provider, information collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in our office. PHI includes:

Your history	Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
Reasons for treatment.	Your problems, complaints, symptoms, or needs.
Diagnoses	These are the medical terms for your problems or symptoms.
A treatment plan	This is a list of the treatments and other services that we think will best help you.
Progress notes	Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.

Records, Psychological evaluations, legal matters, billing and insurance information as well.

PHI is used for:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way, we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

We will use the information we collect about you mainly to provide you with treatment, to arrange payment for our services, and for some other business activities that are called, in the law, health care operations. After you have read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

Disclosure

Disclosing your health information without your consent

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.



Sandcastle Kids Counseling

4388 Holland Road, STE 110
Virginia Beach, VA. 23452

T: 757-409-7613 F: 757-634-3926
crystal@sandcastlekidscounseling.com

Visit us on the Web:
www.sandcastlekidscounseling.com