

Find Your Balance  
Psychotherapy



Find Your Balance Psychotherapy, LLC  
7410 Hull St.  
Suite 102, Unit #5  
Richmond, VA 23235  
(O) 804-835-5853  
(F) 1-804-251-1342  
www.yourbalancetherapy.com

## **HIPAA Notice of Privacy Practices for Services at Find Your Balance Psychotherapy, LLC**

**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.**

This Notice of Privacy Practices describes how Find Your Balance may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” or “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this Notice are available via email, by mail, or by accessing your Client Portal.

### **Uses and Disclosures of Protected Health Information (PHI) for Which Your Authorization Is Not Required.**

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” and essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan, or others and 2) relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

As a mental health group practice, the therapist must create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records,” and this notice, among other things, concerns the privacy and confidentiality of those records and the information contained therein. Federal privacy rules (regulations) allow health care providers (Find Your Balance Psychotherapy, LLC) who have a direct treatment relationship with the patient (you) to use or disclose the patient’s personal health information, with the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. Find Your Balance may also disclose your protected health information for the treatment activities of any health care provider, with your written authorization. An example of a use or disclosure for treatment purposes: If the therapist decides to consult with another licensed health care provider about your condition, the therapist would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because physicians and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another. An example of a use or disclosure for payment purposes: If your health plan requests a copy of your health records, or a portion thereof, in order to determine whether or not payment is warranted under the terms of your policy or contract, Find Your Balance is permitted to use and disclose your personal health information without your written consent. An example of a use or disclosure for health care operations purposes: If your health plan decides to audit the practice in order to review competence and performance, or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

#### Treatment

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party (insurance provider, managed care organization, other medical/mental health/substance abuse providers, etc.). For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you, or your PHI may be provided to a health professional to which you have been referred to ensure that the health professional has the necessary information to diagnose or treat you.

#### Payment

Your PHI will be used, as needed, to obtain payment for your health care services (hospitalization, residential treatment, insurance guarantor/managed care organization, etc.). For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

## Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of therapist's practice. These activities include, but are not limited to, ratings/scales/assessment interpretations, progress in therapy, interventions used, or attendance records to provide effective treatment.

### Other Permitted and Required Uses and Disclosures That May Be Made With Your Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

### Others Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### Emergencies

We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your healthcare provider or another healthcare provider in our agency is required by law to treat you and the healthcare provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

### Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

#### Uses and Disclosures Without Your Authorization

Find Your Balance may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- If disclosure is compelled by a court pursuant to an order of that court; by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority; by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum (e.g., a subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency; by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority; by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g., a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel; by a search warrant lawfully issued to a governmental law enforcement agency; by professional duties of Find Your Balance as a mandated reporter in the State of Virginia (for example, if there is a reasonable suspicion of child abuse or neglect or a reasonable suspicion of elder abuse or dependent adult abuse)
  
- If disclosure is permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or to the person or property of others, and if Find Your Balance determines that disclosure is necessary to prevent the threatened danger; permitted by the fact that you tell your therapist of a serious threat (imminent) of physical violence to be committed by you against a reasonably identifiable victim or victims; permitted, in the event of your death, to the coroner in order to determine the cause of your death; permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The Board of Counseling, who license mental health therapists, is an example of a health oversight agency.
  
- If disclosure is compelled by the U. S. Secretary of Health and Human Services to investigate or determine Find Your Balance's compliance with privacy requirements under the federal regulations (the "Privacy Rule").
  
- If disclosure is otherwise specifically required by law.

Find Your Balance is permitted to contact you without your prior authorization to provide appointment reminders or information via secure email server about alternatives or other health-related benefits and services that may be of interest to you.

Be sure to let Find Your Balance know where and by what means (e.g., telephone, letter, email, fax) you may be contacted.

PLEASE NOTE: The above list is not an exhaustive list but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization, even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form, which must identify the information "in a specific and meaningful fashion." You may revoke your written authorization at any time, provided that the revocation is in

writing and except to the extent that Find Your Balance has acted in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If Virginia law protects your confidentiality or privacy more than the federal "Privacy Rule" does, or if Virginia law gives you greater rights than the federal rule does with respect to access to your records, Find Your Balance will abide by Virginia law. In general, uses or disclosures by Find Your Balance of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when Find Your Balance requests your personal health information from another health care provider, health plan or health care clearinghouse, it will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request.

We may disclose your PHI in the following situations without your consent or authorization:

- **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury, or disability.
- **Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.
- **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration (i) to report adverse events, product defects or problems, biologic product deviations, track products; (ii) to enable product recalls; (iii) to make repairs or replacements; or (iv) to conduct post marketing surveillance, as required.
- **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- **Coroners, Funeral Directors and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or

medical examiner to perform other duties authorized by law: We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be disclosed for cadaveric organ, eye or tissue donation purposes.

- **Research:** We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may use or disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of a determination by the Department of Veterans Affairs; or (iii) to foreign military authority if you are a member of the foreign military services.
- **Workers' Compensation:** We may use or disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your health care provider created or received your PHI in the course of providing care to you.

### **Required Uses and Disclosures:**

Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with requirements of the Code of Federal Regulations, Part 45 Section 164.500 et seq.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your therapist has already taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your written authorization:

- (i) most uses and disclosures of progress notes
- (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications
- (iii) disclosures that constitute a sale of PHI
- (iv) other uses and disclosures not described in this Notice of Privacy Practices.

## **Your Rights:**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

- You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for so long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that your health care provider and Find Your Balance Psychotherapy, LLC uses for making decisions about you.
- Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact your therapist if you have questions about access to your medical record.
- You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You also have a right to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the health care item or service.
- Your health care provider is not required to agree to a restriction that you may request. If your health care provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare provider. If your health care provider does agree to the requested restriction, Find Your Balance Psychotherapy LLC, may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
- You may have the right to have your therapist amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Find Your Balance Psychotherapy, LLC to determine if you have questions about amending your medical record.
- If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than

treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for general notification purposes. You have the right to receive specific information regarding these disclosures that occurred after June 13, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- You have the right to obtain a paper copy of this Notice of Privacy Practices from us. You have a right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.
- You have a right to receive notifications of a data breach. We are required to notify you upon a breach of any unsecured PHI. PHI is “unsecured” if it is not protected by a technology or methodology specified by Find Your Balance Psychotherapy, LLC. The notice must be made within 60 days from when we become aware of the breach. However, if we have insufficient contact with you, an alternative notice method (posting on website, broadcast media, etc.) may be used.

### **Complaints:**

You may complain to Find Your Balance Psychotherapy, LLC or to the Board of Counseling if you believe your privacy rights have been violated. You may file a complaint with Find Your Balance Psychotherapy via email. Your therapist will not retaliate against you for filing a complaint.

Find Your Balance Psychotherapy, LLC is required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

This notice was published and becomes effective on or before Jan. 1, 2022.