

## Behavioral Intelligence Specialists, LLC

**Dr. Stephen R. Band, Ph.D., LPC, LMFT**

9300 Forest Point Circle

Suite 160

Manassas, VA 20110

540-846-5429

[www.drstephenrband.com](http://www.drstephenrband.com)

LPC license# 0701001517

LMFT license# 0717000087

## HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that I notify you that I am required by law to maintain the privacy of your protected health information.

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 is required to describe to you:

- How your protected health information is used and disclosed.
  - My legal duties with respect to your private health information.
  - Your rights with respect to your private health information, how you may exercise those rights, who to contact and how to complain regarding those rights.
1. The private health information to be used or disclosed includes all data that I have gathered regarding your past, present, or future health (including your mental health) or condition, my record of our counseling sessions, communication with other individuals or entities regarding your health care, and a record of payment for services.

### A. Uses and disclosures of your private health information:

Your private health information is used by me for your treatment. Your record will not be disclosed to others unless you direct me to do so or the law otherwise compels me to do so. For children under the age of 18 a legal guardian must consent to disclosure of the child's private health information.

### B. Uses and disclosures of your private health information that does not require written consent:

- I am required to report to appropriate authorities incidents of abuse, neglect, abandonment or financial exploitation of a minor or a vulnerable adult.
- If you threaten to harm another person, I have a duty to break confidentiality to warn that person and the appropriate authorities.
- If you are suicidal or in danger of hurting yourself, I am ethically obligated to break confidentiality to notify appropriate authorities in order to protect your safety.

- In the event that you bring charges against me that involve my license, I have the right to disclose your private health information in my defense.
- In certain legal procedures I may be required to disclose your private health information by order of a court or administrative agency order (i.e. department of health), and in some cases in response to a subpoena, discovery request or other lawful process.
- In the case that a disclosure to the parents of a minor child (under 18) will avoid or minimize the imminent danger to the minor's health or safety.
- In the case that another health care professional that I can reasonably believe is or has been involved in your health care and needs to know your information.
- In cases which I participate in peer review or other services intended to assist or improve the delivery of your health care. In these cases, your name will be kept confidential and your information may only be used by the associated professionals for such purposes and must be protected by the associated professionals.
- For the purpose of obtaining payment for services, such as billing insurance services or mailing an invoice to you.
- If a disclosure is otherwise specifically required by law.

2. My legal duties with respect to your private health information.

- I am required to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to private health information.
- I am required to abide by the terms of this notice
- I am required to notify and provide for you a new notice of privacy should I change any of my privacy practices or policies. Revised policies are in effect for all protected client information, whether or not you are still in treatment with me.
- I am required to provide to you this notice This policy information is also posted on my website in the form's section and titled Policies and Consent.

3. Your rights with respect to your private health information.

- You have the right to request in writing that I restrict the use and disclosure of your protected health information for treatment, payment and health care operations. I am not required to agree to your request, but I am bound by any agreements I do make with you in this regard.