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Woodbridge, VA 2219
Ph # 703-396-7215
Fx # 571-364-8915

6611 Jefferson St,
1st Floor
Haymarket, VA 20169
Ph # 571-921-4812
Fx # 703-743-1688

6800 Backlick Road
Ste. 300
Springfield, VA 22150
Ph # 703-310-7449
Fx # 571-282-4559

19415 Deerfield Ave
Ste. 101
Lansdowne, VA 20176
Ph # 703-659-1433
Fx # 703-723-7222

20 Rock Pointe Ln
Ste. 201
Warrenton, VA 20186
Ph # 703-659-9847
Fx # 540-935-2418

3800 Fettle Park Dr
Ste. 103
Dumfries, VA 22025
Ph # 571-479-2302
Fx # 866-206-0849

This is your copy to retain

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how Youth for Tomorrow New Life Center, (heretofore referred to as “YFT” Services” or “we” or “our”) may use and disclose your PHI in accordance with applicable law and the ACA or NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. This notice is effective April 14, 2003, and applies to all PHI and defined by federal regulations.

YFT Services is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. YFT Services is required to abide by the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we will maintain at that time. YFT Services will provide you with a copy of the revised Notice of Privacy Practices by providing one to you at your next appointment or sending you a copy in the mail at the address you have provided. Please be sure to keep your information correct to ensure prompt notification.

Understand Your Health Record/Information

Each time we have contact with you either in person or via the telephone, a record of that contact is made. Typically, this record contains your symptoms, brief description, clinical observations, diagnosis, treatment, and plan for future care or treatment. This information often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for planning and marketing
- A tool which I can assess and continually work to improve the care I render and the outcomes that are achieved

Understanding what is in your record and how your PHI is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your PHI and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of YFT Services, you have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to YFT Services:

- **Right to Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy your PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. YFT Services may charge a reasonable, cost-based fee for copies
- **Right to Amend.** If you feel that the PHI YFT Services has regarding you is incorrect or incomplete, you may ask your psychotherapist to amend the information although he/she is not required to agree with the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures that YFT Services makes of your PHI. YFT Services may charge you a reasonable fee if you request more than one accounting in any 12 month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations.
 - YFT Services is not required to agree to your request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Complaints

If you believe YFT Services violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Room 509 F, HHH Building Washington, DC 20201 or by calling (202) 619-0257. YFT Services **will not retaliate against you for filing a complaint.**

Examples of Disclosures for Treatment, Payment and Health Operations

- **For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating or managing your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment team members. YFT Services may disclose PHI to any other consultants only with your authorization.

- **For Payment.** YFT Services may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, YFT will only disclose the minimum amount of PHI necessary for the purposes of collection.
- **For Health Care Operations.** YFT Services may use or disclose your PHI as needed in order to support our business activities, including but not limited to: quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, YFT Services may share your PHI with third parties that provide various business activities (e.g. billing, bookkeeping or typing) provided we have a written contract with business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. Your psychotherapist may contact you regarding appointments or information about other treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Required by Law.** Under the Law, YFT Services must make disclosures of your PHI to you upon your request. In addition, YFT Services must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Without Authorization.** Applicable law and ethical standards permit YFT Services disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are: 1) Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits (such as the Virginia Board of Counseling, or the Virginia Department of Health), 2) Required by Court Order and 3) Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Verbal Permission.** YFT Services may use or disclose your information to family members, other relatives, close personal friends or any other person you identify that are directly involved in your treatment or payment related with your verbal permission.
- **Notification.** YFT Services may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Workers Compensation.** YFT Services may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health.** As required by law, YFT Services may disclose your health information to public or legal authorities charged with preventing or controlling disease, injury or disability.
- **Food and Drug Administration (FDA).** YFT Services may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.



(Client or Parent/Legal Guardian/ Caregiver) I *acknowledge* that I have read and received a copy of this document.

Print Client Name: _____

Client Signature

Date

Parent/Legal Guardian/ Caregiver Signature

Date