

**The Falls Church Parent-Child Center
Notice of Privacy Practices (HIPAA)
March 6, 2007**

This notice describes how medical and mental health information about you may be used and disclosed and how you may obtain access to this information. Please read it carefully and ask your service provider if you have any questions.

The Falls Church Parent-Child Center has a duty to maintain the privacy of your Personal Health Information (PHI) and to provide you with this notice. You will be asked to sign a release of Information form. Once you have signed the Release of Information form a staff member or contractor of The Falls Church Parent-Child Center may use or disclose your PHI for purposes of diagnosis, treatment, obtaining payment, or conducting healthcare operations. This includes providing information to your insurance company if you plan to use your health insurance.

Other permitted and required uses and disclosures that may be made without your consent include:

Abuse and neglect: If a staff member or contractor of The Falls Church Parent-child Center suspects abuse or neglect or elder abuse, he/she is mandated to report that concern to the appropriate public authorities .

Danger: If a staff member or contractor suspects you are in imminent danger of harming yourself or someone else, he/she is mandated to report that concern to the person at risk and to public authorities.

Legal Proceedings: A staff member or contractor of The Falls Church Parent-Child Center may disclose PHI in response to a Court Order or subpoena in certain other legal procedures.

You have the following rights regarding PHI The Falls Church Parent-Child Center maintains about you:

Right to Inspect and Copy: You have the right to inspect and request copies of information that may be used to make decisions about your care. This includes demographic and billing records but does not include psychotherapy notes. To inspect and receive copies, you must submit a request in writing. You may be charged a fee for the cost of copying, mailing, and other supplies associated with your request. The Falls Church Parent-Child Center must respond to your written request within 15 days of your request.

Right to Amend: If you feel PHI about you is incorrect or incomplete, you may ask The Falls Church Parent-Child Center to amend the information. You have the right to request an amendment as long as The Falls Church Parent-Child Center keeps the information. Your request to amend must be in writing and provide a supporting reason for your request.

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures staff and contractor of The Falls Church Parent-Child Center have made of information about you. You must submit your request in writing. You

must request a period of time for disclosures, which may be no longer than six years and may not include dates before January 1, 2007.

Right to Request Restriction on Uses and Disclosures: You may request that disclosure of confidential information will be limited. If staff or Contractors of The Falls Church Parent-Child Center are unable to agree to the restriction, other options, such as transfer to another staff or contractor, may be discussed.

Right to Limit Reception of Confidential Information: You have the right to request staff or contractors of The Falls Church Parent-Child Center contact you at certain numbers or locations. No reason is required.

Right to a Paper Copy of this Notice of Privacy Practices: You have a right to request and receive a copy of this notice.

Other uses and disclosures of PHI, such as disclosure of psychotherapy and case notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time in the future.

This Notice may be amended at any time to comply with federal, state, and professional requirements.

If you believe your privacy rights have been violated, please contact the Director of The Falls Church Parent-Child Center either in writing or by phone. Such a complaint will not result in any retaliation by The Falls Church Parent-Child Center. You may also file a complaint with the U.S. Department of Health and Human Services.

Mail requests to:

The Falls Church Parent-Child Center
101 Rowell Court
Falls Church, VA 22026

Or call at:

Cheryl Wietz, LCSW,PC
703-533-1996

Signature of Client/Parent/Guardian

Date

Print your name

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A copy of your Privacy Practice Rights is available to you. Please sign and date this form and check the categories that best suits your situation.

_____ I have been offered a copy of my Privacy Practice Rights (HIPAA)

_____ I understand that signing this form does not take the place of signing a release of information form.

Signature of Client/Parent/Guardian

Date

Print your name