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NOTICE OF PRIVACY PRACTICES

This Notice describes how health information may be used and disclosed and how you can gain access to this information. Please review it carefully.

I. PROTECTING YOUR PERSONAL HEALTH INFORMATION

I am committed to protecting the privacy of your personal and health information. Federal and state laws require that psychologists maintain the privacy of client personal and health information. This Notice explains the privacy policies, legal duties, and your rights concerning your personal and health information. In this Notice, your personal and health information is referred to as “protected health information” (PHI) and includes information regarding your healthcare and treatment with identifiable factors including your name, age, address, income, or other financial information.

II. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes without your written authorization. To help clarify these terms, here are some definitions and examples:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate, or manage your healthcare and other services related to your health care. An example would be when I consult with another health provider, such as your primary care physician or another psychologist.
- “Payment” refers to obtaining reimbursement for your healthcare. Examples of payment are if I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility for coverage.
- “Healthcare operations” are activities that relate to the performance and operation of my practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside my office such as releasing, transferring, or providing access to information about you to other parties.

- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

III. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment, or healthcare operations when your appropriate authorization is obtained. In those instances, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” refers to documentation that I may create about our conversations during a private individual, group, joint, or family counseling sessions, which is kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI and/or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that: (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage; law provides the insurer the right to contest the claim under this policy.

IV. USES AND DISCLOSURES WITHOUT AUTHORIZATION

Certain uses and disclosures do not require authorization. I may disclose PHI without your consent or authorization in the following circumstances:

1. Child Abuse: If I know or have reasonable cause to suspect that a child known to me in my professional capacity has been or is in immediate danger of being mentally, physically, or sexual abused, exploited, or neglected, I must immediately report this belief to the appropriate authorities.
2. Adult and Domestic Abuse: If I believe that a vulnerable adult is in need of protective services because of abuse or neglect by another person, I must immediately report this belief to the appropriate authorities.
3. Health Oversight Activities: If a Board of Psychology is investigating my practice or me, I may be required to disclose PHI to the Board.
4. Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, such information is privileged under the law, and I will not release information without written authorization by you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
5. Serious Threat to Health or Safety: If I believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, I may disclose PHI to the appropriate individuals.

6. Worker's Compensation: If I am treating you for Worker's Compensation purposes, although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

V. PATIENT'S RIGHTS

1. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request.

2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. At your request, I will send your bills to another address.

3. Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decision about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may be denied access to Psychotherapy Notes if I believe that a limitation of access is necessary to protect you from a substantial risk of imminent psychological impairment or to protect you or another individual from a substantial risk of imminent and serious physical injury. I will notify you or your representative if I do not grant complete access. At your request, I will discuss with you the details of the request and denial process.

4. Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. At your request, I will discuss with you the details of the amendment process.

5. Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI. At your request, I will discuss with you the details of the accounting process.

6. Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me upon request, even if you agreed to receive this notice electronically.

VI. PSYCHOLOGIST'S DUTIES

- I am requested by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice in writing either by mail, electronically via the client portal, or in person during a regularly scheduled appointment.

VII. QUESTIONS AND COMPLAINTS

If you have questions about this notice, disagree with a decision that I make about access to your records, or have other concerns about your privacy rights, you may contact me by phone at (240) 485-8075 or in writing at Nexus Psychological Services, PLLC at 1350 Connecticut Avenue NW Suite 402 Washington, DC 20036 care of Dr. Jennifer Bakalar. If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to my office at the address listed above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

EFFECTIVE DATE OF THIS NOTICE

This notice will be in effect beginning March 2021.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.