Richard J. White MA, LPC

Notice of Practice and Statement of Policies
Notice of HIPAA Policy and Practices

Fees and Scheduling

I offer psychotherapeutic counseling on an agreed upon schedule between you (the client) and myself. The fee for psychotherapy is $150.00 for a 50-60 minute session and $225.00 for a 90-minute session. I require 48 hour notification if you need to reschedule an appointment. When an appointment is canceled with less than 48 hour notification, the full fee will be charged to you.

Termination

Either you or I can initiate the termination of services.

Protected Health Information (PHI)

I must maintain patient confidentiality as required by applicable federal, state and local laws. I am also required to establish a consistent process when there is a request for patient information from law enforcement authorities. When using, disclosing or requesting protected health information (PHI), every reasonable effort shall be utilized to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. I am committed to ensuring the privacy and security of PHI. I will take steps to ensure that the appropriate actions are taken to properly identify and secure all individuals' PHI.

The following individually identifiable health information will be designated as PHI to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

PHI:

A. Created or received by Richard White, health plan, health care clearinghouse, or insurance billing company.
B. That exists in verbal, written, or electronic form.
C. That relates to the past, present, or future physical or mental health conditions of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
D. Names.
E. Address information.
F. Telephone numbers.
G. Fax numbers.
H. Social Security numbers.
I. Medical record numbers.
J. Health plan beneficiary numbers.
K. Full face photographic images and any comparable images.
L. Any other identifying number, characteristic, or code used to identify an individual.

When you visit a healthcare provider, you give information about

your physical and mental health. The law identifies this information as PHI. This information goes into your medical or health care record or file. With your written consent, the healthcare provider can use your PHI to provide treatment, process for payment, and administer healthcare operations (TPO). Primary uses and disclosures of PHI include:

A. *Treatment*: Once you give consent and your treatment begins, the information you give about yourself may be used by me or disclosed to other health care professionals. Example: contact with past counselors, current or past physicians, or other treatment facilities, with written consent from the client.

Disclosure to Law Enforcement

The following are descriptions of some other possible ways in which I may be required or permitted by law to use or disclose your PHI. Law enforcement authorities are not covered entities for the purposes of HIPAA compliance. Therefore, I shall abide by use and disclosure restrictions as provided by law and regulation.

Mandatory Disclosure Laws

A. I shall disclose PHI to law enforcement personnel and designated protected service personnel pursuant to the mandatory disclosure laws of the Commonwealth of Virginia related to victims of child or adult abuse, neglect, or domestic violence.

B. I am required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

C. I shall disclose PHI to law enforcement personnel or medical, hospital, or psychiatric hospitalization services in the event of a current or recent (recent defined as within 2 weeks) suicide attempt.

Court Orders and Warrants

I may disclose PHI to law enforcement in compliance with and limited by relevant requirements (the information sought is relevant and material to a legitimate law enforcement inquiry, and the request is specific and limited in scope to the extent reasonably practicable in the light of the purpose for which the information is sought and de-identified PHI information could not be reasonably used) of a:

1. Signed Court Order
2. Signed Court-Ordered Warrant
3. Signed Subpoena
4. Summons issued by Judicial Officer
5. Crime occurs on the premises
6. Threat to health and safety: I may disclose in good faith and ethical conduct and consistent with applicable law, to avert serious threat to health and safety of the person, counselor, teacher, family member, or to the public,

PHI that is necessary for law enforcement authority to identify or apprehend an individual.
a) Because of a statement of admission of violent crime that may have caused serious physical harm
b)The individual appears to be an escapee from a correctional institution or lawful custody.
c) National security and lawful intelligence of the National Security Act.
d) Protective services for the President and others under Secret Service Protection.

Designated Authority:

In the event of a discrepancy please contact:
Richard White

Duties:

I am required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. I am required to abide by the privacy policies and practices that are outlined in this notice. For security, your files are maintained and protected in a locked cabinet when not in use. As permitted by law, I reserve the right to amend or modify my privacy policies and practices. These changes in my policies and practices may be required by changes in federal and state laws and regulations.

Your Rights:

You have certain rights under the federal privacy standards. These include:

Right to Request a Restriction: You have a right to request a restriction on the PHI we use or disclose about you for payment or healthcare operations. *I am not required to agree to any restriction that you may request*. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you and as long as it allows us to comply with the law. You may request a restriction by writing, or completing our form for the purpose. In your request tell us: 1) the information you want to limit and 2) how you want to limit our use and /or disclosure of the information.

Right to Request Confidential Communications by Alternative Means: If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or an alternative location. For example, you can request that we only contact you at work.

Right to Inspect and Copy: As permitted by federal regulation, we require that requests to inspect, copy, or release PHI be submitted in writing. You may obtain a form to request access to your records by contacting me at 540-328-0020. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other costs associated with your request. Please note that the law does not guarantee you the right of access to, or possession of a mental health therapist's personal

or psychotherapy notes. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

Right to Amend: If you believe that your PHI is incorrect or incomplete, you may request in writing that we amend your information. Your written request should include the reason the amendment is necessary. In certain cases, we may deny your request for the amendment. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right of an Accounting: You have the right to receive an accounting of most disclosures of your PHI for reasons other than payment, treatment, or healthcare operations. This accounting will not include disclosures for which you provided an authorization. An accounting will include the date(s) of the disclosure. We are permitted to charge you for the cost of producing the list.

Rights for Confidentiality in Substance Abuse Treatment: You may have additional rights of confidentiality under 42 CFR Part 2. Ask for a special authorization form, if you wish.

Right to Receive a Printed Copy of the Notice: You have a right to receive a printed copy of this notice.

I have read and understand the Notice of Practice and Statement of Policies, as well as the Notice of HIPAA Policy and Practices. Please sign below and return this form to your counselor. If you do not sign this form agreeing to the CWB Notice of Practice and Statement of Policies, as well as the Notice of HIPAA Policy and Practices, we cannot treat you.

_____ _____

Client's Signature Date

_____ _____

(Signature of parent/guardian if client is a minor) Date

Revised 9/22/2026