

## HIPAA NOTICE OF PRIVACY PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

In the course of receiving services through Bridges Therapy and Wellness Center, information is collected through a variety of means in order to provide comprehensive mental health services. Information may be collected by a variety of means, including but not limited to letters, phone calls, emails, voice mails, and from the submission of documents necessary to process requests for assistance through our organization. Information you provide is held in the strictest confidence, and protected according to the standards set forth the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as “HIPAA”).

**Uses or Disclosures for Treatment, Payment, and Health Care Operations.** Bridges Therapy and Wellness Center may use or disclose your Protected Health Information (PHI) only as is reasonably necessary to provide you with treatment, payment or health care operations. Treatment refers to provision of, coordination, or management of your health care and other services related to your care, such as therapy sessions or consultation with another health care provider, such as your primary care physician. Payment refers to information obtained for reimbursement for healthcare, such as communication with health insurance companies at your request, since Bridges Therapy and Wellness does not participate with any insurance panels. Health Care Operations are activities that relate to the performance and operation of our practice, such as case management and care coordination that help ensure quality services. Use refers to activities within our office, such as sharing, employing, applying, utilization, examination, and analyzing information that identifies you. Disclosures refers to activities outside our office, such as releasing, transferring, or providing access to information about you to other parties.

**Uses and Disclosures Requiring Authorization.** Bridges Therapy and Wellness Center may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate, written, signed authorization is obtained. You may revoke all such authorizations at any time by providing written notice of revocation. Please note that we can only provide information generated by Bridges Therapy and Wellness or our clinicians. Records you have provided to use from other service providers can only be disclosed by their offices. By signing this authorization you acknowledge and agree that any information used or disclosed pursuant to authorization you provide could be at risk for re-disclosure by the recipient and is no longer protected under HIPAA. Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative, or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the

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opportunity to consent to, prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

**Uses and Disclosures Not Requiring Authorization.** In the following circumstances, clinical and health care providers may use or disclose your PHI without your consent or authorization:

1. Child Abuse: If we have reason to believe that a child is being abused or neglected, we are required by law to report the matter immediately to the Virginia Department of Social Services or to your local city or county child protection agency.
2. Adult or Domestic Abuse: If we have reason to suspect that an adult is being abused, neglected or exploited, we are required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.
3. Health Oversight: The Virginia Board of Psychology has the power, when necessary, to subpoena relevant records should one of our clinicians be the focus on inquiry.
4. Judicial or Administrative Proceeding: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release the information without written authorization from you or your legal counsel, or a subpoena (of which you have been served, along with proper notice as required by state law). However, if you move to block the subpoena, we are required to place said records in a sealed envelope and provide them to the clerk of the court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated by a third party, or where evaluation is court ordered.
5. Serious Threat to Health or Safety: If in the course of our professional duties, you communicate a specific and immediate threat to cause serious bodily injury or death to an identified or identifiable person, and we believe you have the intent and ability to carry out the threat immediately or imminently, we must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of said victim(s), if under 18; or (2) notifying a law enforcement officer.
6. Worker's Compensation: If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

**Patient's Rights and Psychologists Duties.** You have the right to: (1) Request restrictions on certain uses and disclosures of your or your child's PHI. However, we are not required to agree to a restriction that you request if the law supersedes such a request. (2) Receive confidential communications by alternative means and at alternative locations (e.g., using a separate billing address or phone number for privacy reasons). (3) Inspect or obtain a copy of PHI in our mental health or billing records used to make decisions about you for as long as the PHI is maintained in

the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and the denial process. (4) Amend the PHI for as long as the PHI is maintained in the record. We may deny your request, and on your request, we will discuss with you the details of the request and the denial process. (5) An accounting of disclosures of PHI for which you have neither provided consent or authorization, as listed above. (6) A paper copy of this notice (or future versions of it) upon request.

**The clinical members of Bridges Therapy and Wellness Center are required by law to:** (1) Maintain the privacy of the PHI and provide you with this notice of our legal duties and privacy practices with respect to PHI. (2) Reserve the right to change the privacy policy and practices described in this notice. We are required to abide by the current terms unless we notify you of any changes.

**Complaints.** If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, please speak directly with your therapist, and/or the HIPAA Compliance Officer of Bridges Therapy and Wellness Center, Justine Simpson, Psy.D., to discuss your concerns. Dr. Simpson can be reached at [simpson@bridgestherapyandwellness.com](mailto:simpson@bridgestherapyandwellness.com) or 703-865-4900 x3. You may also send a written complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.