

APRIL WILLIAMS JACKSON LCSW PC

PRIVACY PRACTICES STATEMENT

I AM DEDICATED TO PROTECT THE PRIVACY RIGHTS OF ALL OF MY CLIENTS AND CONFIDENTIAL INFORMATION ENTRUSTED TO ME. WRITTEN CONSENT IS REQUIRED BY YOU IF INFORMATION IS TO BE PROVIDED TO ANYONE.

(SEE EXCEPTIONS BELOW)

INFORMATION COLLECTED FROM YOU IS USED AND DISCLOSED AS IS ALLOWED BY THE (HIPPA) HEALTH INSURANCE PORTABILITY & ACCOUNTIBILITY ACT AND THE COMMONWEALTH OF VIRGINIA. THIS INCLUDES ISSUES RELATING TO YOUR TREATMENT, PAYMENT, AND OTHER HEALTH CARE PERSONS. PERSONAL INFORMATION WILL NOT BE GIVEN TO ANYONE ELSE, EVEN FAMILY MEMBERS OR SPOUSES WITHOUT WRITTEN CONSENT.

PERSONAL AND PRIVATE INFORMATION IS NEEDED TO PROVIDE A CERTAIN STANDARD OF CARE AND IN SUBMITTING CLAIMS AND/OR TREATMENT PLANS TO INSURANCE, MANAGED CARE, OR EAP ORGANIZATIONS. THIS INCLUDES NAME, ADDRESS, EMPLOYMENT DATA, TELEPHONE NUMBERS, SOCIAL SECURITY NUMBER AND/OR OTHER DATA. INFORMATION MAY BE COLLECTED FROM OTHER SOURCES IF DEEMED NECESSARY. REGARDLESS OF THE SOURCE, YOUR PERSONAL INFORMATION WILL ALWAYS BE PROTECTED TO THE FULLEST EXTENT OF THE LAW.

PLEASE BE ADVISED THAT NOTES TAKEN DURING SESSION ARE MY WORKING NOTES AND ARE USED FOR THE PURPOSE OF YOUR TREATMENT. ONLY INFORMATION NECESSARY TO RECEIVE ADDITIONAL SESSION AND/OR PAYMENT WILL BE PROVIDED TO THE INSURANCE/MANAGED CARE OR EAP COMPANY. YOU MAY REQUEST TO REVIEW YOUR RECORD WITH ME IF NEEDED. IN PROVIDING INFORMATION TO OTHERS, A CASE SUMMARY IS ALL THAT IS NEEDED IN MOST CASES. AS CASE SUMMARY ALSO REQUIRES WRITTEN CONSENT FROM YOU.

ALL CLIENT RECORDS ARE STORED IN A LOCKED METAL FILE CABINET. RECORDS ARE STORED FOR A PERIOD OF FIVE YEARS; AFTERWARDS, THE RECORDS ARE DESTROYED BY SHREDDING.

EXCEPTIONS: I AM OBLIGATED BY LAW TO DISCLOSE INFORMATION WITHOUT YOUR PERMISSION IN THESE SITUATIONS:

1. I THINK THAT YOU MAY HARM YOURSELF OR SOMEONE ELSE. THIS MAY INCLUDE INFORMATION INDICATING IMPAIRMENT SUFFICIENT TO POSE A LIFE THREATENING SITUATION.
2. IN THE CASES THAT A CHILD, ELDERLY PERSON, A NURSING FACILITY PATIENT, OR A DISABLED PERSON IS BEING ABUSED AND/OR NEGLECTED.
3. IF A JUDGE ORDERS ME TO COMPLY WITH A COURT ORDER TO PROVIDE INFORMATION IN CONNECTION WITH A LEGAL PROCEEDING, SUCH AS CHILD CUSTODY, CARE AND PROTECTION CASES, ADOPTION PROCEEDINGS, DIVORCE PROCEEDINGS, OR A LEGAL CASE AGAINST ME, WHEREBY I NEED TO DEFEND MYSELF.

I have been informed of the above policies and procedures:

Signature _____ Date: _____