

**NEIL MCNERNEY, LPC**  
**LICENSED PROFESSIONAL COUNSELOR**  
**703-352-9002**

**1984 ISAAC NEWTON SQ, W**  
**SUITE 204**  
**RESTON, VA 20190**

**200 EAST MAIN STREET**  
**PURCELLVILLE, VA 20132**

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**Notice of Privacy Practices Acknowledgement**

I understand that, under the *Health Insurance Portability & Accountability Act* of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information (PHI).

I acknowledge that I have received the *Notice of Privacy Practices* containing a complete description of the uses and disclosures of my health information. I understand that Neil McNerney has the right to change the *Notice of Privacy Practices* from time to time and that I may contact Neil McNerney at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client (minor client): \_\_\_\_\_

**OFFICE USE ONLY**

I attempted to obtain the client's signature in acknowledgement on this *Notice of Privacy Practices Acknowledgement*, but was unable to do so as documented below:

Date:	Initials:	Reason:
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## NOTICE OF PRIVACY PRACTICES FOR NEIL MCNERNEY, LPC

**I, Neil McNerney, have a legal duty to protect health information about you. I may use and disclose PHI about you in the following circumstances:**

**1. I may use and disclose PHI about you to provide health care treatment to you.**

With your written authorization, I may use PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. In addition, I may use and disclose PHI about you when referring you to another health care provider. There are some exceptions to needing your written authorization, as described below in Sections 7 and 8.

**2. Except as otherwise permitted or required by law, as specified below in Sections 4 and 5, I will ask you or your legally responsible person to sign a completed Consent for Release of Information, before requesting or using information about you from someone else, or disclosing any information about you to someone else.**

Information will be limited to the minimum necessary. Uses and disclosures must be consistent with what you or your legally responsible person has authorized.

**3. A signed authorization is required for the following uses and/or disclosures for clients:**

- a. For the disclosure to a service provider, with the exceptions as specified below in Sections 4 and 5;
- b. For the disclosure to your health insurer for the purpose of determining eligibility for benefits; or
- c. For disclosures to physicians, attorneys, schools, employers, or any other agencies or persons, with the exceptions as specified below in Sections 4 and 5.

**4. A signed authorization is not required for the following uses and/or disclosures for all clients:**

- a. Among my staff when needed to carry out responsibilities in serving you;
- b. To remind you of appointments;
- c. To a health care provider who is providing emergency medical services to you;
- d. To your next of kin, if you have a serious medical condition resulting from substance abuse and you cannot communicate rationally;
- e. To the Department of Social Services and Guardian Ad Litem Program regarding child abuse or neglect;
- f. To U.S. Department of Health and Human Services to evaluate our compliance with the privacy rule;
- g. To communicate with law enforcement personnel about a crime or threatened crime on premises or against myself or my staff;
- h. When required by a court order, court-ordered warrant, or by law or subpoena.

**5. A signed authorization is not required for the following uses and/or disclosures:**

- a. When there is an imminent danger to the health or safety of you or another individual, or there is the likelihood that a felony or violent misdemeanor will be committed;
- b. To the Department of Social Services when there is a reason to suspect that a child or disabled adult is being abused, neglected or exploited;
- c. To report information about communicable diseases or conditions to the Health Department, as required and/or permitted by law;
- d. If it becomes necessary to use collection processes due to lack of payment for services, I will disclose only the minimum amount of PHI necessary for purposes of collection. I may send bills or correspondence to your home address, unless you have made other arrangements with me.

**6. Information from another entity shall not be re-disclosed without a written authorization from the client or legally responsible person.**

**7. You may revoke a previously written authorization.**

If you sign a written authorization allowing me to disclose PHI about you in a specific situation, you can later cancel your authorization in writing or orally. If you revoke or cancel your authorization, I will not disclose PHI about you, except for disclosures that were being processed before I received your cancellation and PHI that falls under one of the above exceptions.

## **You have several rights regarding PHI about you.**

### **1. You have the right to request restrictions on uses and disclosures of PHI about you.**

You have the right to request that I restrict the use and disclosure of PHI about you. I am not required to agree to your requested restrictions. However, even if I agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in Section B, Subsection 4 of this Notice. If you would like to request a restriction, please request a Restriction of Use and Disclosure Request Form, or call our contact person listed on the cover page of this Notice. I have 60 days to respond to your request, and if necessary, may request a 30 day delay.

### **2. You have the right to request different ways to communicate with you.**

You have the right to request how and where I contact you. For example, you may request that I contact you at your work address or phone number, email, etc.

### **3. You have the right to see and copy PHI about you.**

With some exceptions, you have the right to request to see and receive a copy of PHI about you. You will be charged one dollar per page for any PHI that I copy for you. Instead of providing you with a full copy of the PHI, I may give you a summary or explanation of the PHI about you, if you agree in advance. A mental health care professional must be present with you while you review your PHI. There are certain situations in which I am not required or permitted to comply with your request.

### **4. You have the right to request amendment of PHI about you.**

You have the right to request that I make amendments, which means corrections or additions, to your PHI. Your request must be in writing and must explain your reason(s) for the amendment. I may deny your request if:

1. the information was not created by me (unless you prove that the creator of the information is no longer available to amend the information);
2. the information is not part of the records used to make decisions about you;
3. I believe the information is correct and complete; or
4. you would not have the right to see and copy the information as described in subsection 3 above.

### **5. You have the right to a listing of certain disclosures I have made.**

You have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to May 1, 2004).

### **6. You have the right to a copy of this Notice.**

You have the right to receive a paper copy of this Notice.

### **7. You may file a complaint about my privacy practices.**

If you think I have violated your privacy rights, or you want to complain to me about my privacy practices, please contact me either verbally or in writing. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

### **8. Effective date of this notice**

This Notice of Privacy Practices is effective on April 14, 2004