

NOTICE OF PRIVACY PRACTICES
As required by the Health Insurance Portability and Accountability
Act of 1996 (HIPAA) Privacy Regulations

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.
PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your or your child's individually identifiable health information ("IIHI"). In accordance with federal and state law, we are required to follow the terms of the notice of privacy practices currently in effect and as amended from time to time.

Disclosure of IIHI

We may use and disclose your IIHI for treatment, payment and to operate our business. We may also contact you for appointment reminders, treatment options and health-related benefits. If you, as a parent, ask a friend or relative to bring your child in to see us, that individual may have access to your child's medical information. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law. We will make every reasonable effort to contact you before such a disclosure.

Your Rights Regarding IIHI

1. You have the right to request that our practice communicate with you about your child's health in a particular manner or at a certain location.
2. You have the right to request a restriction in our use or disclosure of your or your child's IIHI, although we are not required to agree to your request.
3. You have the right to inspect and obtain a copy of your IIHI.
4. You may request that we amend your health information if you believe it is incorrect.
5. You may request an accounting of disclosures, which is a list of non-routine disclosures of your IIHI.
6. You are entitled to receive a paper copy of our entire notice of privacy practices. We also have a copy of this notice posted at each of our office locations.
7. If you believe your or your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing such a complaint.

8. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or otherwise permitted by applicable law.

In the event client would like further information on Blossom Behavioral Services' privacy practices, to request a paper copy of our entire notice of privacy practices, or to report a potential violation, please submit request for information or details of privacy complaint in writing to our Privacy Officer:

Katie Fitterer
107 Eltham
Williamsburg, VA 23188

You may also contact the U.S. Department of Health and Human Services directly:

Office for Civil Rights
Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
Email: ocrmail@hhs.gov