Confidentiality of Your Protected Health Information

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. "PHI" refers to information in your health record related to your therapy based upon which others could identify you.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission. In those instances when I am asked for information and you haven't yet given authorization, I will obtain an authorization from you before releasing information. If you do not wish to give an authorization, then I will not release information (except under the unusual circumstances listed below). I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reason to suspect that a child is abused or neglected, I am required by law to report the matter immediately to the Virginia Department of Social Services but not limited to

- **Adult and Domestic Abuse:** If I have reason to suspect that an adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the Virginia Department of Welfare or Social Services.

- **Health Oversight:** The Virginia, DC and FL Board of Professional Counseling but not limited to has the power, when necessary, to subpoena relevant records should I be the focus of an inquiry.

- **Judicial or Administrative Proceedings:** 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. I won't release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, I am required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does

© 2026 Transcenshift. All rights reserved. For patient intake with Transcenshift.
Reproduction, adaptation, or redistribution for another practice requires written permission.

not apply 2 when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety: If** I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

- **Worker's Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

IV. Patient's Rights and Professional Counselor/Therapist of TranscenShift Duties

Patient's Rights:

• *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you.

• *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*

– You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)

• *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

• *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

• *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

Professional Counselor/Therapist Duties:

• I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

• I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

• If I revise my policies and procedures, I will let you know of that in writing.

© 2026 Transcenshift. All rights reserved. For patient intake with Transcenshift.
Reproduction, adaptation, or redistribution for another practice requires written permission.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please let me know right away.

VII. Texting/Emails/ Social Media, ETC.

CONSENT FOR DISCUSSING COUNSELING SESSIONS via Texting/Emails/Social Media/Chatting/Video Chat

I understand that my counseling sessions are private and that these sessions cannot be discussed outside this agency without my consent. If you are willing to communicate within these forms of media, please take note that they will NOT be recorded and will ONLY be used for session purposes or for immediate assistance. If a session is being used with these forms of media besides in-office-visit, it will be noted as a session and will be charged as a session. It will continue to be private and confidential, unless consent is provided to disclose such information to identified person(s). However, if harm is being reported to others or self, other authorizes may be called upon to assist the situation.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on the date it is signed.

Signature: _____

Date _____

Printed Name :

© 2026 Transcenshift. All rights reserved. For patient intake with Transcenshift.
Reproduction, adaptation, or redistribution for another practice requires written permission.