

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

Your health record contains personal information about you and your health. This information about you is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

**I. Confidentiality: Uses and Disclosures of Information Requiring Your Authorization or Consent**

As a general rule, we will not disclose information about you, or the fact that you are our client, without your written consent. Our formal Mental Health Record describes the services provided to you and contains the dates of our sessions, functional status, symptoms, prognosis and progress, and any psychological testing reports.

Health care providers are legally allowed to use or disclose records or information for:

**Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members.

**Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Example of payment-related activities are: making a determination of eligibility for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collections processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform business activities (e.g., billing) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Required by Law:** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**II. Limits of Confidentiality: Possible Uses and Disclosures of Mental Health Records without Consent or Authorization**

There are some important exceptions to this rule of confidentiality. We will discuss these issues at our first session, but you may reopen the conversation at any time during our work together. We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

**Medical Emergencies:** We may disclose or use your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

**Child Abuse or Neglect:** If we have reason to suspect that a child has been abused or neglected, we are required by Maryland law to report the matter to the Maryland Child Protective Services.

**Adult Abuse:** If we have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by Maryland law to make a report and provide relevant information to the Maryland Adult Protective Services or Developmental Disabilities Administration.

**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, and we will not release information unless you provide written authorization or a judge issues a court order/subpoena, administrative order or similar document.

**Serious Threat to Health or Safety:** If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

**Health Oversight:** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

As always, we can speak with anyone you wish, but only with your permission to do so.

### **III. Patient's Rights and Provider's Duties**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our office.

**Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. However, we are not required to agree to your request, although this will be discussed with your provider.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain of the disclosures that we make of your PHI.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to receive confidential communications of PHI by alternative means and at alternative locations. To request alternative communication, you must make your request in writing, specifying how you wish to be contacted. (For example, you may not want a family member to know that you are seeing me. On your request, we will send your bills to another address.) You will be provided a form on which to list your authorized means of communications. It will be understood that there may be times when you may provide your therapist with additional ways in which to communicate, outside of those listed on the form you have signed. It will be understood that these too will be considered patient authorized confidential communications. (For example, you are out of town and wish to speak to your therapist. In such a case, you may leave a voicemail providing your therapist with a contact number, other than those listed on your authorization form, by which to communicate with you at the location where you are.)

**Right to Amend:** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us.

**Right to a Copy of this Notice:** You have the right to a paper copy of this notice.

### **IV. Complaints:**

If you have questions or complaints, please contact our main office. Procedures for filing complaints can be found at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or by contacting our OCR regional office:

Region III - Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)  
Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West  
Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215)861-4441  
Hotline (800) 368-1019  
FAX (215)861-4431  
TDD (215)861-4440

### **V. Effective Date, Restrictions, and Changes:**

This notice will go into effect on April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting a sign in our office and making copies of the revised notice available.