



Notice of Privacy Practices

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how medical/health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable information. PLEASE REVIEW IT CAREFULLY
If you have any questions about this notice, please contact our office at 410-739-6828.

Effective Date: February 1, 2016

Your Rights

When it comes to your health information, you have certain rights. Your health record is the physical property of the healthcare practitioner or facility, you have a right to access it. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. These requests must be made in writing and include all pertinent contact information, including a valid mailing address and phone number.
- We will say “yes” to all reasonable requests.
- We reserve the right to contact you by other means not indicated as above if you fail to respond to any communication for us that requires a response.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are **not** required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared your information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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- Chose someone to act for you**
- If you have given someone medical power of attorney or if Get someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.

- File a complaint if you feel your rights have been violated**
- You can complain if you feel we have violated your rights by contacting us using the information above.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:**
- Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory
 - Contact you for fundraising efforts
- If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:**
- Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes

- In the case of fundraising:**
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- To treat you**
- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
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To run our organization	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. • We may share your information with students or educational purposes • We may contact you to remind you of appointments, assess your patient satisfaction, tell you about possible treatment alternatives, and tell you about health-related benefits or services • We may leave messages on your voicemail regarding appointments and billing/collection efforts 	<i>Example: We use health information about you to manage your treatment and services.</i>
To bill for your services	<ul style="list-style-type: none"> • We can use and share your health information to obtain reimbursement for services, confirm coverage, billing/collection activities, and utilization review. 	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>
To organize your care	<ul style="list-style-type: none"> • We can use and share your health information with staff and therapists, as needed to carry out treatment, payment, and healthcare operations 	<i>Example: We give information about you to our staff members to review past treatment as it may affect your current treatment.</i>
To communicate with you	<ul style="list-style-type: none"> • We can use your information to contact you regarding treatment options, health related information, or other community-based initiatives/activities in which our facility is participating 	<i>Example: We send you a newsletter, mail out, or other communication media to inform you of a local community event, such as a parent-child activity.</i>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • helping with product recalls • Reporting adverse reactions for medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Address worker’s compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share information about you: <ul style="list-style-type: none"> • For worker’s compensation claims • For law enforcement purposes or with a law enforcement official • In response to a valid subpoena • With health oversight agencies for activities authorized by law • For special movement functions such as military, national security, and presidential protective services • Any other uses and disclosures will be made only with your express written authorization. You may revoke an authorization in writing and we are required to honor and abide by that revocation, except to the extent that we have already taken actions relying on your authorization

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

- * We do not create a hospital directory or maintain psychotherapy notes at this facility.
- * We will never market or sell your personal information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.