

# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Your counselor is dedicated to maintaining the privacy of your personal health information. We are required by law to protect this information, but we are also required by law to report some information. This Notice of Privacy Practices (NPP) is a required, but abbreviated, explanation of how the law and regulations impact you. We cannot cover all aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the other federal and state laws and regulations that govern the use and limitations of use of your personal health information. Our policy is to give a minimum amount of information in order to protect you and to allow us to comply with the required duties. You are invited to discuss these matters with your therapist or our Privacy Officer.

Each time you visit a healthcare provider, you give information about your physical and mental health. In the law, this information is called Protected Health Information (PHI). This information goes into your medical or healthcare record or file. With your written consent, the healthcare provider can use your PHI to provide Treatment, process for Payment, and administer healthcare Operations (TPO).

## **Primary Uses and Disclosures of Protected Health Information**

***Treatment*** - Once you give consent and your treatment begins, the information you give us about yourself may be used confidentially for peer consultation, or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing mental health conditions, and providing treatment. We may also coordinate with your primary care doctor or another specialist who is treating you.

***Payment*** – The information you give us about yourself may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer, or Workers' Compensation. For example, your health insurance company may request and receive information on dates of service, the services provided, and the diagnosis and symptoms of mental health condition being treated.

***Business Associates*** – There are some jobs we hire other businesses to do. In the law, they are called Business Associates. These may include a billing service, an accountant, and/or an attorney. These business associates may need to receive some of your PHI to do their work properly. We will give these business associates the minimum amount of information to do their work. To protect your privacy they have agreed in their contract with us to safeguard your information.

### **Additional Uses of Protected Health Information**

The following is a description of some other possible ways in which we may (and are required or permitted by law to) use and/or disclose your protected health information. We will not use or share your information other than as described here unless you tell us we can in writing. If you agree we can, you may change your mind at any time by informing us in writing. If you pay for a service 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 comply with this request unless a law requires us to share that information.

***Abuse or Neglect*** - As required or permitted by law, we may disclose your protected health information to a government authority that is authorized by law to receive reports of suspected abuse or neglect of a child or vulnerable adult. If feasible and appropriate, in our professional judgment, we will inform you of such a disclosure.

***To Prevent a Serious Threat to Health or Safety*** – As required or permitted by law, we may disclose your protected health information if we believe that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or persons.

***Law Enforcement*** - According to law, in some cases your information may be disclosed to law enforcement or social service agencies, without your explicit, written permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting. This may be done even if you pay out-of-pocket for services.

***Public Health Reporting*** – The information you give us may be disclosed to public health agencies as required by law. These are agencies that investigate diseases and injuries.

***Health Oversight Agencies*** – We may disclose your protected health information to health oversight agencies such as Maryland Board of Professional Counselors and Therapist as authorized by law.

***Legal Proceedings*** – We may disclose your protected health information in the course of a judicial or administrative proceeding, in response to an order of the court or a subpoena.

***Inmates*** – If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for your healthcare and safety, the health and safety of others, or the safety and security of the correctional institution and the public.

***Research*** – We may use or share your information to do research to improve treatments when the research is approved by an institutional review board and follows established protocols to insure the privacy of the information. In all these cases, your name, address, and other information that reveals who you are will be removed from the information given to the researchers.

***For Government Functions*** – We may disclose protected health information of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers’ Compensational programs, to correctional facilities, if you are an inmate, and for national security reasons.

***The Secretary of the U.S. Department of Health and Human Services*** - We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

***Others Involved in Your Healthcare*** – With your written consent, we may disclose your protected health information to a friend or family member that you have identified as being involved in your healthcare. We also may disclose our information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. In an emergency, if you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

***Correspondence*** – Your information may be used by our staff to send you bills, a newsletter with information about our programs, and other correspondence. We do not release your name to others for mailing lists.

***Disclosures to You*** – We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. We are also required to provide, upon your written request, an accounting of any disclosures of your protected health information that are for reason other than payment and health care.

### **Other Uses and Disclosures of Your Protected Health Information**

Any other uses and disclosures of our protected health information that are not described above require your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. This revocation will be effective immediately and in the future. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization. You may also revoke, in writing, your consent for treatment which would terminate your treatment with your counselor.

### **Your Rights**

You have certain rights under the federal privacy standards. These include:

***Right to Request a Restriction*** - You have a right to request a restriction on the protected health information we use or disclose about you for payment or healthcare operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to

you and as long as it allows us to comply with the law. You may request a restriction by writing, or completing our form for this purpose. In your request tell us: (1) the information you want to limit and (2) how you want to limit our use and/or disclosure of the information.

***Right to Request Confidential Communications by Alternative Means*** - If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you can request that we only contact you at work.

***Right to Inspect and Copy*** – As permitted by federal regulation, we require that requests to inspect, copy, or release protected health information be submitted in writing to your counselor. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other costs associated with your request. Please note that the law does not guarantee you the right of access to, or possession of a mental health therapist’s personal or psychotherapy notes. Your counselor may deny your request to inspect and copy your protect health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

***Right to Amend*** – If you believe that your protected health information is incorrect or incomplete, you may request in writing that we amend your information. Your written request should include the reason the amendment is necessary. In certain cases, we may deny your request for the amendment. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

***Right of an Accounting*** – You have a right to receive an accounting of most disclosures of your protected health information for reasons other than payment, treatment, or healthcare operations. This accounting will not include disclosures for which you provided an authorization. An accounting will include the date(s) of the disclosure, but will not include disclosures made before January 1, 2012. We are permitted to charge you for the cost of producing the list.

***Rights for Confidentiality in Substance Abuse Treatment*** - You may have additional rights of confidentiality under 42 CFR Part 2. Ask for a special authorization form, if you wish.

***Rights to Receive a Printed Copy of This Notice*** – You have a right to receive a printed copy of this Notice.

### **Duties of Your Counselor**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice. All members of our staff and business associates are under contract to respect your confidentiality and privacy as outlined in this notice. For security, your files are maintained and protected in a locked cabinet when not in use. We will

let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will make available in our office a revised notice and on our Web site, [www.ehpsians.org](http://www.ehpsians.org). The revised policies and practices will be applied to all protected health information that we maintain.

### **Complaints**

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. The mailing address is: Secretary of the Department of Health and Human Services, Office for Civil Rights, U.S. Department of Health and Human Services, Room 509F, HHH Building, 200 Independence Avenue, SW, Washington, DC 20201. The phone number is 1-800-368-1019. The e-mail address is [ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov) or visit the website at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You will not be penalized or otherwise retaliated against for filing such a complaint.