

## Notice of Privacy Practices for Protected Health Information

Effective Date: October 23, 2014

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 CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that protects all your medical records and other individually identifiable health information from being used or disclosed by me in any form, whether *electronic*, on paper, or orally, without written consent. HIPAA gives you rights to understand and control how your health information is used. HIPAA issues penalties for covered entities that misuse personal health information.

### **Psychologist Responsibilities**

I am required by law to maintain the privacy of your health information and to provide you with a description of my legal duties and privacy practices regarding your health information. I am required to abide by the terms of this notice and notify you if I make changes to this notice, which may be at any time.

### **How I May Use and Disclose Medical Information About You**

I may use or disclose your protected health information (PHI) or electronic protected health information (ePHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you. “ePHI” refers to PHI that is produced, saved, transferred or received in an electronic form.

**Treatment:** I may use and disclose PHI or ePHI to provide, coordinate, and manage your treatment or services. I may use and disclose PHI or ePHI to doctors, other therapists, or others who are involved in your treatment only with your written authorization. For example, if a referral were made to another health care provider I would obtain your consent in writing to provide oral information and copies of various reports that should assist her or him in treating you.

**Payment:** I may use and disclose PHI or ePHI in order to obtain reimbursement for services, to confirm insurance coverage for billing collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company. A third party employed by BPS may seek payment for services and will also abide by the terms of this notice.

**Health Care Operations:** I may use and disclose, as needed, your PHI or ePHI in order to support business activities, which for example, include, quality assessment and improvement activities, audits and administrative services, and case management and care coordination.

- “Use” applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my [office, clinic, practice group, etc.] such as releasing, transferring, or providing access to information about your parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

### **Other Uses and Disclosures Requiring Authorization**

I may use and disclose your PHI or ePHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. 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 private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI or ePHI.

You may revoke all such authorizations (of PHI/ePHI 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, law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures Without Authorization**

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

- Child Abuse- If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
- Adult and Domestic Abuse- I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.
- Health Oversight Activities- If I receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating my practice, I must disclose any PHI requested by the Board.

- **Judicial and Administrative Proceedings-** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or court order. The privilege does not apply when you are being evaluated by 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 you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

### **Your Rights**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer, Renita C. Gabriel, PsyD:

- The right to request restrictions on certain uses and disclosures of protected health information, including to those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to inspect and copy your protected health information if not detrimental to your physical or mental health. The right to request a copy be forwarded to another mental health provider would be granted should it be detrimental to receive it firsthand.
- The right to request an amendment of your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.

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, you may contact Dr. Renita C. Gabriel at (301) 412-7153. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to 14300 Gallant Fox Lane, #107, Bowie, MD 20715. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.