

Notice of Privacy Practices (NPP) – Your Rights Under HIPAA

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 **without separate written authorization**, as permitted by law. However, any disclosure beyond these purposes will require your explicit written authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations” – Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

I will only use or disclose PHI for purposes outside of treatment, payment, or health care operations if I receive your explicit, written authorization. Examples include, but are not limited to:

- **Marketing or sales of PHI**
- **Release of psychotherapy notes**
- **Disclosures to third parties for non-treatment-related purposes**

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 private, joint, or family counseling sessions, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

I will also obtain an authorization from you before using or disclosing:

PHI in a way that is not described in this Notice.

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) we 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.

III. Uses and Disclosures without Authorization

Certain state and federal laws allow or require PHI disclosures without your authorization in specific situations, including:"

- **Court Orders & Subpoenas:** If legally mandated by a court order or subpoena.
- **Mandatory Reporting Laws:** If abuse, neglect, or public health risks require disclosure.
- **Law Enforcement:** For investigations related to fraud, threats, or legal compliance.
- **Threats to Safety:** If there is an imminent risk of harm to you or others.

This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence. Other reasons for disclosure include:

- **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, and/or self-neglector exploitation.
- **Health Oversight Activities** – If I receive a subpoena from any 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 a 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.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

Right to Request Restrictions – You may request that I restrict certain uses or disclosures of your PHI. While I will consider your request, I am not legally required to agree unless the disclosure is for health plan purposes, and you have paid for the service in full out-of-pocket.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You may request to receive communications through alternate means (e.g., email, phone, or a specific mailing address). Please note that unencrypted communication (e.g., email, text) may have privacy risks, and you must acknowledge and accept these risks in writing. (For example, you may not want a family member to know that you are seeing us. On your request, I can 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 also 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 Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI 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. You have the right to inspect or obtain a copy (or both) of Psychotherapy Notes unless I believe the disclosure of the record will be injurious to your health. On your request, I will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.

- **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 pursuant to the provisions as further described in 45 C.F.R. Section 164.526. 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. On your request, I will discuss with you the details of the accounting process.

- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

New rights as of January 1, 2013:

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

Right to Be Notified if There is a Breach of Your Unsecured PHI.

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Therapist's 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 our policies and procedures, I will post a sign in my office and provide copies of the revised policy.

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, you may contact me at 301-241-6825.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at 25 Wood Lane, Rockville, MD 20850.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

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

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Effective Date: February 24, 2025.

I reserve the right to amend this Notice of Privacy Practices as required by law. Updated notices will be available in my office and upon request. I will provide you with a revised notice by posting a sign in my office and making copies of the revised notice available.

[Signature Page Follows]

Patient Acknowledgment and Consent

By signing below, I acknowledge that I have received, read, and understand the **Notice of Privacy Practices (NPP)**. I understand my rights under HIPAA, how my Protected Health Information (PHI) may be used, and the circumstances in which it may be disclosed.

- Client**
- Parent/Legal Guardian** (if client is a minor)
- Legal Representative** (if applicable, attach supporting documentation)

Client Name (Print): _____

Client Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Name (if applicable):

Parent/Guardian Signature: _____

Date: ____ / ____ / ____