



Thoughts & Emotions

M E N T A L H E A L T H T H E R A P Y

7981 Eastern Avenue Suite C-5 Silver Spring MARYLAND 20910

GENERAL NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS TO CONFIDENTIALITY

I take confidentiality very seriously. I follow very strict rules from the United States and Maryland Governments about when I can release your medical record (which includes mental health and rehabilitation services) - your protected health information.

The Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. The Rule generally prohibits me from using or disclosing your protected health information unless authorized by you, except as follows:

First, I am required by law to disclose your protected health information in certain circumstances, for example, to report abuse and neglect, and to warn about dangerous behavior. Second, I am authorized to disclose your protected health information without your consent when I use that information for treatment, payment or the health care operations.

- **“Treatment”** generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- **“Payment”** encompasses the various activities of health care providers to obtain payment or be reimbursed for their services.
- **“Health care operations”** are certain administrative, financial, legal, and quality improvement activities of a program that are necessary to run its business and to support the core functions of treatment and payment.

I will, without your authorization:

- Use or disclose your protected health information for its own treatment, payment, and health care operations activities.
For example:
 - I may use your protected health information to provide health care to you and may consult with other health care providers about your treatment.
 - I may disclose your protected health information as part of a claim for payment to a health plan.
 - I may disclose your protected health information for the treatment activities of any health care provider (including providers not covered by the Privacy Rule).
 - I may disclose your protected health information to another health care provider (including providers not covered by the Privacy Rule) for the payment activities of the entity that receives the information.



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MENTAL HEALTH THERAPY

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- I may disclose your protected health information to another provider for certain health care operation activities of the provider that receives the information if:
- Each provider either has or had a relationship with you, and the protected health information pertains to the relationship; and,
- The disclosure is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.

Psychotherapy Notes: If I maintain psychotherapy notes these notes are maintained separately from the rest of your medical record. Psychotherapy notes are the record of the statements made during a counseling session and your therapist's analysis of those statements. (This does not include documentation of medications, the treatment rendered, tests, treatment plans, progress notes and statements of prognosis.) You may review and copy your psychotherapy notes only if consent is given to you by your therapist; unlike the rest of your medical record, you may not see your psychotherapy notes without the express permission of your therapist. Psychotherapy notes may be used by your therapist for your treatment without your authorization. The notes may also be used by the program without your authorization for certain other limited health care operations. Otherwise, the use and disclosure of your psychotherapy notes requires your written authorization.

Security: Your medical record (your protected health information) is kept in a secure location and only your therapist access to your medical record for treatment, payment or health care operations, have access to your medical record unless you sign an authorization.

It is my policy to reasonably limit disclosures of, and requests for, protected health information for payment and health care operations to the minimum necessary.

I may also disclose information in order to contact you, for example to make appointments, to check with you about how you are doing, and to evaluate the services that we provide to you. I may also contact you for our fund-raising efforts.

Your rights to see your record: You have the right to see your record (excluding psychotherapy notes, if maintained), or to receive a summary of you record. To do this, please speak with me regarding this matter.

If you want to send your protected health information to someone, you must sign an authorization: Authorizations may be obtained from your therapist.



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HEALTH

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Acknowledgment

I have received a copy of the Notice of Privacy Practices

Signature of Client/Participant

Date

Printed name

Signature of Parent (for Minor) or Guardian

Date

Printed name

Witness