



Telephone: 410-604-0226 Facsimile: 877-643-0126
www.chesapeakebaypsychological.com

Notice of Privacy Practices: Maryland Notice Form

THIS NOTICE DESCRIBES HOW THE INFORMATION IN YOUR RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Client Name: _____ Date: _____

I. Uses and Disclosures for Provision of Services, Payment, and Health Care Operations

We maintain a record of *protected health information (PHI)* on each individual who obtains services at our practice. We can use or disclose this PHI 1) for the *provision of services, payment, and health care operations* purposes, 2) with your *written authorization*, or 3) under circumstances outlined in Section III below. To help clarify these terms, here are some definitions:

- “*PHP*” refers to information in your record that could identify you.
- “*Provision of Services, Payment, and Health Care Operations*”
 - *Provision of Services* is when we provide, coordinate, or manage services you receive with us. An example would be when we consult with another health care provider to ensure adequate services.
 - *Payment* is when we obtain reimbursement for services provided to you. Examples of payment are when we disclose your PHI to your insurance company or to our billing or collection agency to obtain reimbursement for services.
 - *Health Care Operations* are activities that relate to the performance and operation of our 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 our practice group, such as sharing, employing, applying, utilizing, examining, and analyzing your PHI.
- “*Disclosure*” applies to activities outside of our practice group, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential information. All authorizations to disclose must be on a specific legally required form.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of the provision of services, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of the provision of services, payment, or health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have already 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

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

- *Child Abuse* – If we have reason to suspect that a child has been sexually or physically abused, or is subjected to abuse or neglect, we must report this suspicion to the appropriate authorities. This applies regardless of when the alleged abuse occurred or whether the alleged abuser is still alive.
- *Adult and Domestic Abuse* – we may disclose protected health information regarding you if we reasonably believe that you are a victim of vulnerable adult abuse, neglect, or exploitation.
- *Health Oversight Activities* – If we receive a subpoena from an official Maryland agency because they are investigating our practice, we must disclose any PHI requested by the agency.
- *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 we 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 us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

IV. Client's Rights and Practitioner's Duties

Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. On your request, we will send your bills to another address and/or use another telephone number to call you.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your service and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process for PHI.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we 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, we 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 this notice from us upon request, even if you have agreed to receive the notice electronically.

Practitioner's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will either mail you a copy of the revised policies and procedures, or, we may provide it to you in person during one of your visits to our practice.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Dr. Catherine Smithmyer, at the telephone number and address above.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

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

This notice is effective July 1, 2006.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail or in person at one of your visits to our practice.

I acknowledge receipt of this notice:

First Client/Guardian Signature: _____

Printed Name: _____ Date: _____

Second Client/Guardian Signature, if applicable: _____

Printed Name: _____ Date: _____