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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD/ INFORMATION:

Each time you visit a hospital, physician or other healthcare provider, a record of your visit made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it; the information belongs to you. You have the right to inspect and request copies of your health record. All requests for access must be made in writing. We may charge a fee for the costs of copying and sending you any records requested. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of privacy practices upon request, inspect, and obtain a copy of your health record. You also have the right to obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken. If you are the parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you, such as records related to mental health treatment, drug treatment or family planning services.

OUR RESPONSIBILITIES:

This organization is required to maintain the privacy of your health information. In addition, we are required to provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the Revised Version in the waiting room. You may also obtain any revised notice by contacting the Privacy Officer. We will not use or disclose your health information without your authorization, except as described in this notice.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We may use and disclose Protected Health Information without your written authorization, excluding Psychotherapy Notes, for certain purposes as described below. The examples presented here are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

Treatment: We will use your health information for treatment. For example, information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. The law allows us to disclose this information to other health care providers involved in your treatment. However, if another healthcare practitioner requests this information, we will disclose it with your written authorization only.

Payment: We will use your health care information for payment. For example, A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment procedures. Furthermore, Insurance companies at times request information regarding past treatment or predisposing conditions. In order to receive payment for services, we may disclose this information if requested. In addition, we may be required to submit a written Outpatient Treatment Report, which would be submitted to a managed healthcare agency for authorization purposes. These forms include identifying information, diagnosis, symptoms, medication, treatment procedures, personal history, treatment goals, and more. You may wish to review a copy of the Outpatient Treatment Report.

Any of our clinicians can give you a copy of the form for review.

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Health Care Operations: We will use your health information for regular health operations. For example, staff may review your record for attendance concerns.

Business Associates: There may be occasions when we do business with outside businesses in the operation of our own practice. For example, the Software Company that services our computer software may have access to limited information about you that is stored in our computer. To protect your health information, however, we require any Business Associate to sign a contract agreeing to confidentiality and to appropriately safeguarding your information.

Notification: We are permitted to divulge your Protected Health Information in the event of an emergency situation, which would involve concern over your safety or that of someone else. We are permitted by law to disclose Protected Health Information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Communication with Family: We will only communicate with your family members with your written consent to do so, unless an emergency situation arises which would involve concern about your safety or someone else's. If a clinician deems that a patient is a danger to him or herself or someone else, they may be recommended hospitalization or some other form of treatment. In that case your situation would be disclosed to your insurance company, the admissions department of the treating facility and family members or significant others that you have named.

Marketing: We may contact you to provide you with appointment reminders or in response to requests for information from you. In those circumstances, we do our best to reveal as little information about our identity as possible when leaving a message.

Disclosure to Outside Agencies: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to the patients' application for various programs or benefits. Examples of such programs are Workers Compensation, application for Disability, Medical Leave or Security Clearance.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with tracking births and deaths, as well as with preventing or controlling disease, injury or disability.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a court order. Federal law makes provision for your health information to be released to an appropriate oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more of your patients, workers or the public.

Most Stringent Policy: Since there are Federal and State Laws as well as ethical practices of our profession, we will follow the most stringent of these laws and regulations in our privacy practices.

Notice of Privacy Practices Availability: This notice will be prominently displayed in the office where registration takes place. Patients will be provided a hard copy.

Effective Date: This notice is effective on April 14, 2003

Questions and Complaints: If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact **Juliet Goozh, PhD**, the designated Privacy Officer for The Greater Baltimore Counseling Center, LLC. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you in any way if you file a complaint with the Director or the Privacy Officer.

