

**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.**

## **Notice of Privacy Practices**

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws. Because the rules are so complicated, some parts of this Notice are quite detailed and you may have to read them several times to understand them. If you have any questions, please feel free to raise them with your therapist.

### **Introduction – To our clients**

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Because this law and the laws of Maryland are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask your therapist.

### **What we mean by your medical information**

Each time you visit us or any doctor's office, hospital, clinic, or any other "provider", information is collected about you and your physical and mental health. It may be information about your past, recent or future health or conditions, or the treatment or other services you got from us or from others, or about payment. The information we collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your record or file at our offices. In our office, this PHI is likely to include these kinds of information:

- Your history as a child, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs and goals.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services which we think will best help you.
- Progress notes. Each time you come in, we write down some things about how you are doing, what we observe about you and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking
- Legal matters.
- Billing and insurance information.

This list is provided just to give you a general idea, but there may be other kinds of information that go into your records too.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received the services from us, which we billed to your health insurance company.
- To improve the way we do our job by measuring the results of our work.

We may share or disclose your PHI to others who provide treatment to you. We may share your information with your personal physician. We may refer you to other professionals or consultants for services we cannot offer such as special testing or treatments. If we get back their findings and opinions, that information will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples how we use and disclose your PHI for treatment.

### **For Payment**

We may use your information to bill you, your insurance or managed care company, or others to be paid for the treatment we provide you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your programs, and other similar issues.

### **For healthcare operations**

There are some other ways we may use or disclose your PHI which are called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do so, your name and identity will be removed from what we send.

### **Other uses in healthcare**

**Appointment Reminders:** We may use and disclose medical information to reschedule or remind you of appointments for treatment. If you want us to call or write to you only at your home or your work, or prefer some other way to reach you, we usually can arrange that. Please let us know.

**Treatment Alternatives:** We may use and disclose your PHI to talk to you about or recommend possible treatments or alternatives that may be of value or interest to you.

**Other Benefits and Services:** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Business Associates:** Other businesses (entitled Business Associates in the law) are hired by us to perform certain tasks. Examples include our billing service that compile, print and mail our bills and a collection agency to collect overdue bills. These business associates need access to some of your PHI to perform their tasks properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

## **Uses and disclosures requiring your authorization**

If we want to use your information for any purpose besides the TPO or those we described above, we need your permission on an *Authorization Form*. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that Permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we have already disclosed with your permission.

### **Uses and disclosures of PHI from mental health records NOT requiring Consent or Authorization**

The laws let us use and disclose some of your PHI without your consent or authorization in some cases. When you understand what is in your record and what it is used for, you can make better decisions about whom, when and why others should have this information.

Although your health record is the physical property of Jennifer Manning-Plassnig, LCSW-C, the information belongs to you. You can inspect, read, or review it. If you want a copy, we can make one for you. There will be a charge for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in our records that you think is incorrect or something important is missing, you can ask us to amend (add information to) your record, although in some rare situations we don't have to do that.

### **Privacy and the laws**

The HIPPA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the *Notice of Privacy Practices or NPP*. We will obey the rules of this notice as long as it is in effect, but if it is changed, the rules of the new NPP will apply to all the PHI we keep. We will post the new Notice in our office where everyone can see it. You or anyone else can also get a copy from our Privacy Officer at any time.

### **How your protected health information can be used and shared**

When your information is read by me or others in this office, that is called, in the law, *“use”*. If the information is shared with or sent to others outside the office, that is called, in the law, *“disclosure.”* Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the *minimum necessary* PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed. Therefore, we will tell you more about what we do with your information.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses we must tell you about them and have a signed written authorization form, unless the law lets or requires us to make the use or disclosure without your authorizations. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

### **Uses and disclosures of PHI in healthcare WITH your consent**

After you have read this notice, you will be asked to sign a separate *Consent Form* to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other professionals to provide treatment to you, arrange for payment for our services, or some other business functions call healthcare operations. Together these routine purposes are called TPO and the consent form allows us to use and disclose your PHI for TPO.

#### **For treatment, payment or health care operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information, and to use and share it as necessary to care for you properly. Therefore, you must sign the consent form before treatment begins, because if you do not agree and consent, we cannot treat you.

During your first visit to our office, our Office Manager, as well as your therapist may collect information about you and all of it may go into your healthcare records here. Generally we may use or disclose your PHI for three purposes: treatment, obtaining payment, and what are called healthcare operations.

#### **For Treatment**

We use your medical information to provide you with psychological treatment or services. These might include individual, family or group therapy, treatment planning, or measuring the effects of our services.

#### **When Required By Law**

There are some federal and state laws, which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer or trying to get a court order to protect the information they requested.
- We have to release (disclose) some information to the government agencies which check to see that we are obeying the privacy laws.

#### **For Law Enforcement Purposes**

We may release medical information if asked to do so by a law-enforcement official to investigate a crime or criminal.

#### **For Specific Government Functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, and for national security reasons.

#### **To Prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious threat to your health or safety or that of another person, we can disclose some of your PHI. We will only do this with persons who can prevent the danger.

#### **Uses and Disclosures Requiring You to Have an Opportunity to Object**

We can share some information about your PHI with your family or close others. We will only share with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If an emergency exists and we don't have the opportunity to ask if you agree, we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do so. If we do share information, in an emergency, we will tell you as soon as possible. If you don't approve, we will stop, as long as it is not against the law.

#### **An Accounting of Disclosures**

When we disclose your PHI, we keep records of whom we sent it to, when we sent it, and what we sent. You may obtain a list of most of these disclosures.

#### **If You Have Questions or Problems**

If you need some more information or have questions about the privacy practices described above, please speak to Jennifer Manning-Plassnig, LCSW-C. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact Jennifer Manning-Plassnig, LCSW-C. you have the right to file a complaint with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice of our health information privacy policies, please contact Jenner Manning-Plassnig, LCSW-C at 410-203-2411.

I have received and understand the Notice of Privacy Practices designated by the HIPAA law.

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Signature