

## 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. WE ARE REQUIRED BY LAW TO PROVIDE YOU WITH THIS NOTICE. PLEASE REVIEW IT CAREFULLY.**

In general, we may not use or disclose protected health information except:

- To you
- With your written consent to carry out treatment, payment or health care operations
- With your written consent in other circumstances when an authorization is required.

Psychotherapy notes may not be used or disclosed without your specific consent except

- For use by your therapist
- By us to defend a legal action or other proceeding brought by you.

**Psychotherapy notes:** “*Psychotherapy notes*” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. *Psychotherapy notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date” (45 CFR § 164.501).

We are **required** to disclose protected health information **to you** when your request meets the requirements of a proper request, and to the Secretary of Health and Human Services when required to investigate or determine our compliance with these Regulations.

We must make reasonable efforts to limit the disclosure to the **minimum information necessary** to accomplish the purpose of the use, disclosure or request.

If State law or other applicable regulations are more stringent than these Regulations, we must follow the more stringent rules with regard to use and disclosure. If these Regulations are more stringent than State law(s), we must follow these Regulations.

You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request. If we agree to a restriction we must document this and abide by it unless the information is needed by another health care provider to provide you emergency treatment.

We may use or disclose your protected health information **without** your written consent or authorization or without providing an opportunity for you to agree or object

- For mandating reporting of child or elder abuse
- Reporting of impaired drivers
- To avert a serious threat to health or safety
- For worker’s compensation and disability claims
- Other allowable circumstances (e.g., responding to a court order, etc.)

You have the right to inspect and copy protected health information except:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding

In rare circumstances, we may deny you access to protected health information, for example

- If access is reasonably likely to endanger your life or physical safety or someone else’s life or physical safety
- The information refers to another person and access requested is reasonably likely to cause substantial harm to that other person or
- If providing the information to your personal representative is reasonably likely to cause that person or another person substantial harm.

- In most cases when access is denied, you may request a review of the denial. If you request a review, the review will be completed by a licensed health care professional we have designated for this purpose and who did not participate in the original decision to deny access. We must abide by that person’s determination.

Other uses and disclosures of your protected health information will be made only with your written authorization. You may revoke such authorization at any time provided you do this in writing and we have not already acted on your prior consent, or if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

Additional Rights & Information:

- You have the right to amend your protected health information.
- You have the right to receive an accounting of disclosures we make of your protected health information.
- You have the right to receive a paper copy of this Notice from us upon request. We must have this Notice available at our clinic for you to request to take with you. We must post this Notice in our clinic and on our web site if applicable.
- We are required to abide by the terms of this Notice currently in effect.
- We are required to provide this Notice to you no later than the first date we provide service(s) to you after these go into effect.
- In order to apply a change in a privacy practice described in this Notice, we will provide you with a Revised Notice at your next scheduled visit after the revision, by posting this to our web site, and by a paper copy upon your request.
- We must implement policies and procedures related to this Notice and the Privacy Regulations and maintain those policies and procedures in written or electronic form.

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will provide you with a form for filing this complaint with us, and you will not be retaliated against for filing such a complaint. To file a complaint contact Maryland Department of Health and Mental Hygiene, 201 W. Preston St, Baltimore, MD 21201, 410-767-6500 for further information and/or to request a “Violation of Privacy Rights Complaint Form.”

**ADDENDUM**

- If there is a breach of your confidentiality, then we must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless we (the covered entity) can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.
- If you are self-pay, then you may restrict the information sent to insurance companies.
- Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization.
- You must sign an authorization (release of information form) for releases unless it is for purposes already mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).
- You have a right to receive a copy of your Protected Health Information in an electronic format or (through a written authorization) designate a third party who may receive such information.

Please take the time to read the **Notice of Privacy Practices** and complete and return the **Acknowledgement of Receipt of Notice of Privacy Practices, Policies and Procedures**, which are provided by your therapist.

I HAVE HAD PROVIDED TO ME THE NOTICES AS REQUIRED BY HIPAA. I HAVE READ AND AGREE TO THE PRIVACY PRACTICES STATED ABOVE.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Signature is mandatory prior to sessions being initiated.**

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