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MARYLAND NOTICE FORM

NOTICE OF PSYCHOLOGIST'S POLICIES & PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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

Please note that in this Notice, “you” refers to the individual who is the subject of the health information. For minors, the child’s personal representative has the right to exercise the rights explained here. The minor’s personal representative is someone who is authorized to act on behalf of that child, such as a parent or guardian.

I. Uses and Disclosures for Treatment, Payment, & Health Care Operations

We may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your consent. Here are definitions of these terms:

- **PHI** - refers to information in your health record that could identify you. It includes information about your symptoms, test results, diagnosis, treatment, and related medical information.
- **Treatment, Payment, and Health Care Operations** –
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your care. An example would be when we consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for my services to you or to determine eligibility or coverage.
 - *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), case management, and care coordination.
- **Use** - applies only to activities within our practice, such as sharing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** - applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

- **Authorization** – your written permission to disclose confidential mental health 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 treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain a written authorization from you before releasing this information. We will also need to obtain an authorization before releasing psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during an individual, group, joint, or family counseling session, which have been kept separate from the rest of your record. These notes are given a greater degree of protection than PHI. We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

You may revoke all such authorizations (for PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse** – If we have reasonable cause to believe that a child has been subjected to abuse, we must report this immediately to the appropriate authorities.
- **Adult and Domestic Abuse** – If we reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, we may report the information to the appropriate authority.
- **Health Oversight Activities**- If we receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating our practice, we must disclose any PHI requested by the Board.
- **Judicial or Administrative Proceeding** – If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis, and treatment and the records thereof, such information is privileged under state law, and we must not release this information without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You would be informed in advance if this were the case.
- **Serious Threat to Health or Safety** – If you communicate to us a threat of imminent serious harm against a readily identifiable victim or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we must 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 also make disclosures that we believe are necessary to protect you from harm.

- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and Maryland's confidentiality law.** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

IV. Patient Rights and Psychologist's Duties

- **Patient's Rights -**
 - **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information. We are not required to agree to a restriction at your request but will make the effort to accommodate reasonable requests.
 - **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
 - **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communication 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. Upon your request, we will send your documents to another address.
 - **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health 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 both PHI and Psychotherapy Notes.
 - **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. On your request we will discuss with you the details of the amendment process. We may accept or deny your request.
 - **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI, including PHI for which you have not provided either consent or authorization (as described in Section III of this Notice). 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 the notice from us upon request, even if you have agreed to receive the notice electronically.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI.** You have a right to be notified if (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- **Psychologist'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 provide you with a revised Notice by posting a copy in the waiting room, providing a copy during session, or mailing a copy to you.

V. Questions and Complaints

- If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Caitlin B. Dunning, Psy.D., at 4785 Dorsey Hall Drive, Suite 125, Ellicott City MD 21042 or 443-574-4405. If you are concerned that your privacy rights have been violated, please contact us as soon as possible.
- You may also send a written complaint to the Maryland Board of Examiners of Psychologists and/or the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate addresses upon request.
- More information about filing a complaint is available at the website of the Office of Civil Rights, <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.
- You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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

- This notice went into effect on April 13, 2003. The most recent updates to this notice were made on February 24, 2017.
- 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. If this is the case, we will provide you with a revised notice by regular mail at the last known address we have noted in our files.