



Notice of Privacy Practices

Notice of Privacy Practices: Your Rights to Confidentiality

The Couple and Family Clinic, LLC, hereinafter referred to as “the Practice”, takes confidentiality very seriously and strictly adheres to the law in instances in which we release your medical records – your Protected Health Information (PHI). If you have any questions about this notice or would like further information, please contact our Privacy Officer, Robin S. Smith at The Couple and Family Clinic, 2323 Spencerville Rd, Spencerville, MD 20868. His phone number is (240) 390-6381.

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

The Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. Disclosure of your Protected Health Information without your consent is authorized when that information is used for treatment, payment, or other health care operations of the Practice.

Treatment generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party such as consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

Payment encompasses the various activities of health care providers to obtain payment or be reimbursed for their services, including turning over your PHI to a collections agency.

Health care operations are certain administrative, financial, legal, and quality improvement activities, which are necessary in order to run the Practice and to support the core functions of treatment and payment. Instances may include (but are not limited to) managing records in case of provider’s untimely death or disability.

Electronic communications are administrative, financial, or educational transmissions between the Practice and/or psychotherapists at the Practice occurring through electronic means (texts, e-mails, file-sharing, videoconferencing etc.).

The Practice will obtain a one-time general written consent to use and disclose your health information in order to treat you, obtain payment for that treatment, and conduct business operations. This general written consent will be obtained the first time treatment or services are provided. This general written consent is a broad permission that does not have to be repeated each time treatment or services are provided to you.

With your general written consent, The Practice will use or disclose your PHI for your treatment, payment, and health care operations activities. For example, The Practice may use your PHI to provide health care to you and may consult with other health care providers outside this practice about your treatment in order to determine how best to treat you. The Practice may also use or disclose your PHI in order to contact you (for example, to make appointments, to check with you about how you are doing, and to evaluate the services provided to you). Other instances in which your PHI may be used or disclosed are outlined in the Informed Consent Agreement.

II. Other Uses and Disclosures Requiring Authorization

Your written authorization will be obtained before using your health information or sharing it with others outside this practice. If you want your PHI sent to other health providers, you must sign an authorization. If you provide the Practice with your written authorization, you may revoke that written authorization at any time, except to the extent that the Practice may have already relied upon it or taken action to do what you authorized us to do. To revoke a written authorization, please write to our Privacy Officer.

Your medical record (your Protected Health Information) is kept in a secure location. Your psychotherapy notes are maintained separately from the rest of your medical record. Psychotherapy notes are the record of the statements made during a session along with comments about those statements. It is the Practice's policy not to release psychotherapy notes, but to offer a written summary of your progress, for your review or for another professional. The use and disclosure of your psychotherapy progress summary requires your written authorization.

III. Uses and Disclosures without Authorization

Disclosure of your PHI is required by law in certain circumstances, for example to report abuse and neglect, and to warn about dangerous behavior.

Child or Elderly Abuse – If there is reason to believe that a child or an elderly person has been subjected to abuse or neglect, a report must be filed with the appropriate authorities, even if the perpetrator is dead.

Adult and Domestic Abuse – If there is reason to believe that you are a victim of abuse, neglect, self neglect or exploitation, a report must be filed with the appropriate authorities.

Health Oversight Activities – If a subpoena from the Maryland State Board of Professional Counselors and Therapists is received for malpractice investigations, any PHI requested by the Board needs to be disclosed.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your treatment or the records thereof, such information is privileged under state law, and will be released only with a court order.

Serious Threat to Health or Safety – If you communicate a specific threat of imminent harm against another individual or if there is clear, imminent risk of physical or mental injury being inflicted against another individual, disclosures (which are necessary to protect that individual from harm) will be made to the appropriate parties and authorities. If you present an imminent, serious risk of physical or mental injury or death to yourself, disclosures may be made in order to protect you from harm.

IV. Patient's Rights and Treatment Provider's Duties

You have the right to request that the way your PHI is used and disclosed to treat your condition, collect payment for that treatment, or run our business operations be further restricted. Your written request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. The Practice is not required to agree to your request for a restriction (in some cases the restriction you request may not be permitted under law). Once the restriction is approved, you have the right to revoke the restriction at any time, with a written statement.

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work.

You have the right to see your records (excluding any psychotherapy notes), or to receive a summary of your records. To do this, please contact our Privacy Officer.

If you disagree with the contents of your medical record, you may request an amendment to your record. The Practice will place your request for amendment in your medical record.

If you believe that your PHI has been released in violation of the law, you have the right to file a complaint. You may file a complaint with Robin S. Smith at The Couple and Family Clinic, 2323 Spencerville Rd, Spencerville, MD 20868. You may also file a written complaint with the Office for Civil Rights (OCR). The address of the Regional office for Maryland is as follows:

Office for Civil Rights

U.S. Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499

(215) 861-4441; (215) 861-4440 (TDD)

(215) 861-4431 fax

Over time, this Notice of Privacy Practices may change. If changes are made, they will be posted in the waiting room of our office so that you can see a copy. You may also request another copy of this Notice of Privacy Practices at any time.

ACKNOWLEDGMENT

I understand and have received a copy of the Notice of Privacy Practices of The Couple and Family Clinic, LLC.

This Notice of Privacy Practices went into effect on September 1, 2014. The Couple and Family Clinic is a solo practice of The Couple and Family Clinic, LLC.