



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND OTHER HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect December 1, 2019, and will remain in effect until it is replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

For purposes of this Notice, “health information” means information about you that relates to your psychological or medical condition *and* that may identify you. We may use or disclose such health information in the following circumstances:

- **For Treatment:** Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your treatment and related services.
- **For Payment.** We may use and disclose health information about you so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization

review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of health information necessary for purposes of collection.

- **For Health Care Operations:** We may use or disclose information about you in order to support our business activities including, but not limited to, quality assessment and improvement activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your health information with third parties that perform various business activities (*e.g.*, billing or scheduling services), provided the third party is required to safeguard the privacy of your health information.
- **Child Abuse:** If we have reason to believe that a child has been subjected to abuse or neglect, we are required by Maryland law to report this belief to the appropriate authorities.
- **Adult, Elder, and Domestic Abuse:** We may disclose health information about you to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, self-neglect, or exploitation, in accordance with Maryland law.
- **Serious Threat to Health or Safety:** If we reasonably believe that there exists a threat or imminent risk of physical or mental injury being inflicted against another individual—including if you communicate a specific threat to us—we may make such disclosures that we believe are necessary to protect that individual from harm, including, if appropriate, to the individual at risk. If we believe that you present an imminent, serious risk of injury (physical or mental) or death to yourself, we may make any disclosures that we consider necessary to protect you from harm.
- **Regulatory Oversight:** We may disclose information about you in response to a lawful request issued by the Maryland Board of Examiners of Psychologists related to any audit, investigation, or inspection related to our practice of psychology.
- **Judicial and Administrative Proceedings:** Because information and records about your diagnosis and treatment is privileged under Maryland law, we will release such information in such proceedings only pursuant to a valid subpoena, court order, or your written authorization.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.
- **With Your Authorization:** In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- **To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or payment for your health care, but only with your authorization.

- **Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacitation or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail message, e-mails, or texts).
- **Required by Law:** We may use or disclose your health information in any other situation in which we are required to do so by law.

PATIENT RIGHTS

You have certain rights regarding the health information we maintain about you. In order for you to exercise any of these rights, you must submit your request in writing using the contact information located at the end of this Notice. Those rights include:

- **Access:** You have the right to inspect or receive (or both) copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies there may be a nominal charge for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your health information for a fee.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Such request must be made in writing and must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request, however.

- **Electronic Notice:** You are entitled to receive a paper copy of this Notice.
 - **Notification in the Event of Breach:** You are entitled to be notified if there was a disclosure of your health information in violation of federal law and the information was not secured in accordance with government standards. Such notification will include an explanation of what happened and what steps you can take to further protect yourself.
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QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with the decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint with the United States Department of Health & Human Services at:

Centralized Case Management Operations
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Room 509F, HHH Bldg.
Washington, DC 20201

or by email to: OCRComplaint@hhs.gov.

Upcounty Neuropsychology supports your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: **Anne M. Shapiro, Ph.D.**
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