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Notice of Privacy Practices and Client Rights

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. All information describing your mental health treatment is personal, and I am committed to protecting the privacy of what you disclose. I only release information in accordance with state and federal laws and the ethics of the counseling profession.

How I Use and Disclose Your Personal Health Information

I protect your personal health information from inappropriate use and disclosure. Your information is obtained during my providing services to you and is related to your medical records, psychotherapy visits, and payment information. It is likely to include your history, reasons you came for psychotherapy, diagnoses, progress notes I make (but not psychotherapy notes I may choose to make for my own use, records I get from others who worked or work with you or evaluate you, and billing information. I will not disclose any personal health information without your written authorization, unless such disclosure is permitted or required by law. The law permits me to disclose your health information without a signed authorization from you when I am using it to provide you with your mental health care. For example, I use your clinical information to plan your care, to decide how well your psychotherapy is working, when I talk with my supervisor for clinical consultation, other professionals who are also treating you, for teaching and training other psychotherapy professionals, and for mental health research.

Use and disclosure of protected health information (PHI) for the purposes of providing services: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes:

- **TREATMENT:** to provide, manage, or coordinate care with other health care providers, consultants, and referral sources.
- **HEALTHCARE OPERATIONS:** Health information may be used and disclosed to carry out health care operations, which includes using your health information to see where I can make improvements in the care and services I provide. I 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 I do, your name and personal information will be removed from what I send. Information may be disclosed to a law enforcement agency to respond to a subpoena, to help identify or locate a suspect or missing person, or to provide information about a victim of a crime. Information may also be shared for certain types of public health efforts involving communicable diseases. In addition, information may be disclosed to the appropriate governmental authorities to avoid a serious threat to your health and safety or that of another person or the public, or when there is reason to suspect neglect, abuse or domestic violence. Information will also be shared about a deceased person when necessary with coroners, medical examiners, funeral directors or with organizations involved with organ, eye or tissue donations.
- **To individuals involved in your care.** Your health information may be disclosed to a family member, other relative or close friend assisting you in receiving or obtaining payment for health care services. I will disclose your health information to these individuals only if you tell me to do this or if I can reasonably infer that you do not object. I may also disclose your health information to disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.
- **Appointments, Information or Services.** I will contact you to provide appointment reminders either on e-mail or if you agree through text messages. I will not use electronic contact to discuss treatment or to provide follow up for a session but may provide links to on line sources that have been discussed in session.
- I may also use or disclose your health information for judicial or administrative proceedings, for specialized government functions, for workers' compensation or similar purposes. If you want me to call or write to you only at your home or your work or prefer some other way to reach you, I can usually arrange that. Just tell me.
- **Business Associates.** There are some tasks I may hire other businesses to do for me. Examples include a copy service used to make copies of your health records, and a bookkeeper. These business associates need to receive some of your health information to do their jobs properly. To protect your privacy, they agree in their contract with me to safeguard your information.

- **OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

- Mandated reporting
- Emergencies
- Appointment scheduling
- Treatment alternatives
- As required by law
 - The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission.
 - Exceptions include:
 - -Suspected child abuse or dependent adult or elder abuse, for which I am required by law to report this to the appropriate authorities immediately.
 - -If a client is threatening serious bodily harm to another person/s, I must notify the police and inform the intended victim.
 - -If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I will take further measures without their permission that are provided to me by law in order to ensure their safety.
- **Legal Proceedings** – We may disclose your protected health information in the course of a judicial or administrative proceeding, in response to an order of the court or a subpoena.
- **Inmates** – If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for your healthcare and safety, the health and safety of others, or the safety and security of the correctional institution and the public.
- **Supervision** – I am required in the state of Maryland by law to receive supervision for cases in order to assure quality and ethical compliance. I may share your information with my supervisor to improve your treatment. However, in all these cases, your name, address, and other information that reveals who you are will be removed from the information shared with my supervisors or for clinical consultations.
- **For Government Functions** – We may disclose protected health information of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities, if you are an inmate, and for national security reasons.
- **Others Involved in Your Healthcare** – Unless you object in writing, we may disclose your protected health information to a friend or family member that you have identified as being involved in your healthcare. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. In an emergency, if you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.
- **Disclosures to You** – We are required to disclose to you most of your protected health information in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. We are also required to provide, upon your written request, an accounting of any disclosures of your protected health information that are for reason other than payment and health care.

Other Uses and Disclosures of Your Protected Health Information

- Any other uses and disclosures of your protected health information that are not described above require your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. This revocation will be effective immediately and in the future. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization. You may also revoke, in writing, your consent for treatment which would terminate your treatment with Patricia Adams, LCPC, NCC.

Your Rights Regarding Your Health Information

Right to Request a Restriction –You have a right to request a restriction on the protected health information we use or disclose about you for healthcare operations. *We are not required to agree to any restriction that you may request.* If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you and as long as it allows us to comply with the law. You may request a restriction by writing or completing our form for this purpose. In your request tell us: (1) the information you want to limit and (2) how you want to limit our use and/or disclosure of the information.

Right to Inspect and Copy. You have the right to inspect or request a copy of personal health information about you that I maintain and that I may use in making decisions about your care. Your request should describe the information you want to review. In limited circumstances, you may not be able to review or copy certain information. These include psychotherapy notes, or information collected in anticipation of a claim or legal proceeding. If I determine that reviewing your records may cause substantial and identifiable harm to you or others or would have a detrimental effect on your treatment, on our professional relationship, or on your relationship with parents, guardians, spouses, or children, I may deny access to your records. A patient over the age of twelve may be notified of any request by a qualified person to review his or her record, and if the patient objects to the disclosure, I may deny the request for access. I may charge you a reasonable fee for copying.

Right to an Accounting of Disclosures. You have the right to receive a list of disclosures of your health information that have been made by me. The list will not include disclosures made for certain types of purposes, such as disclosures for treatment, payment or health care operations or disclosures you authorized in writing. Your request should specify the time for which you want this list, which can be no longer than six years and may not include dates prior to November 1, 2017. The first time you ask for a list of disclosures in any 12-month period, I will provide it for free. If you request additional lists during a 12-month period, I may charge you a fee to cover our costs in providing the additional lists.

Right to Request Confidential Communications. You have the right to ask me to send health information to you in a different way or at a different location if you believe that you may be endangered by my ordinary form of communication. You must state in your request that you believe you will be endangered by my ordinary form of communication, but you do not have to explain why you believe this is the case. Your request should also specify where and/or how I should contact you. I will accommodate all reasonable requests.

Right to Amend – If you believe that your protected health information is incorrect or incomplete, you may request in writing that we amend your information. Your written request should include the reason the amendment is necessary. In certain cases, we may deny your request for the amendment. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Rights for Confidentiality in Substance Abuse Treatment – You may have additional rights of confidentiality under 42 CFR Part 2. Ask for a special authorization form, if you wish.

Right to Receive a Printed Copy of This Notice – You have a right to receive a printed copy of this Notice.

Duties of Patricia Adams, LCPC

I am required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. I am also required to abide by the privacy policies and practices that are outlined in this notice. All members of our staff and business associates are under contract to respect your confidentiality and privacy as outlined in this notice. For security, your files are maintained and protected in a locked cabinet when not in use. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, I will make available in my office a revised notice. The revised policies and practices will be applied to all protected health information that I maintain.

Complaints

If you have any questions or concerns about my privacy policies, you may contact me at any time.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

You will not be penalized or otherwise retaliated against for filing such a complaint.

Effective Date: This notice is effective on and after June 1, 2020

This version of Privacy Practices and Client Rights practices effective January 1, 2021