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## MARYLAND NOTICE FORM

### Notice of Policies and Practices to Protect the Privacy of Your Health Information

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This notice describes how psychological, psychiatric rehabilitation and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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

Therapeutic Living for Families may use or disclose your protected health information (PHI) for treatment, payment and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- *"PHI"* refers to information in your health record that could identify you.
- *"Treatment, Payment and Health Care Operations"*
  - Treatment is when we provide, coordinate or manage your health care and other services related to your healthcare. An example of treatment would be when we consult with another health care provider, such as your family physician or another mental health provider.
  - 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 your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of Therapeutic Living for Families. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services and case management and care coordination.
- *"Use"* applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- *"Disclosure"* applies to activities outside of the clinic, such as releasing, transferring or providing access to information about you to other parties.
- *"Authorization"* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on specific legally required forms.

#### **II. Other Uses and Disclosures Requiring Authorization:**

Therapeutic Living for Families may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing your Contact Notes. "Contact Notes" are notes that have been made about a conversation during a private, group, joint or family counseling session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

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

#### **III. Uses and Disclosures Without Authorization**

Therapeutic Living for Families may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* — If there is a reason to believe that a child has been subjected to abuse or neglect, we must report this belief to the appropriate authorities.
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- *Adult and Domestic Abuse* — Therapeutic Living for Families may disclose protected health information regarding you if there is reasonable belief that you are a victim of abuse, neglect, self-neglect or exploitation.
- *Health Oversight Activities* — If Therapeutic Living for Families receives a subpoena from the Maryland Board of Examiners of Physicians, Social Workers, Professional Counselors, or any other Mental Health Board because they are investigating the Clinic or any staff member, we must disclose any PHI requested by the Board.
- *Judicial and Administrative Proceedings* — If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and Therapeutic Living for Families will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated or a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* — If you communicate a specific threat of imminent harm against another individual or if any Therapeutic Living for Families staff member believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If the Therapeutic Living for Families staff believes that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

#### IV. Patient's Rights and Clinical Staff'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. However, Therapeutic Living for Families is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the Clinic. On your request, we will send your bills or other information to another address.)
- *Right to Inspect and Copy* — You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Therapeutic Living for Families may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of Psychotherapy Notes unless we believe the disclosure of the record will be injurious to your health. On your request, your mental health provider 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. Therapeutic Living for Families may deny your request. On your request, a staff member will discuss with you the details of the amendment process.

