

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

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

Amy L. Kopel, LLC may *use or disclose* your protected health information (PHI), for treatment and payment with your consent. To help clarify these terms, here are some definitions:

PHI—refers to information in your health record that could identify you

Treatment and Payment ---**Treatment** is when your therapist provides, coordinates or manages your health care and other services related to your health care. For example, when consulting with another health care provider to discuss your care information would be shared. **Payment** is when Amy L. Kopel, LLC is reimbursed for your healthcare. Information would be shared with your insurance company in order to obtain reimbursement for your health care or to determine eligibility, coverage and/or obtain continue treatment authorization. **Use** applies to those activities within Amy L. Kopel, LLC practice such as sharing, employing, applying, examining and analyzing information that identifies you. **Disclosure** applies to activities outside of Amy L. Kopel, LLC's practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Amy L. Kopel, LLC may use or disclosure PHI for purposes outside of treatment or payment when your appropriate authorization is obtained. An authorization is written permission signed by you or your legal guardian, which gives consent for specific disclosures. You would be contacted in advance if a request is made for information about information and consent would be obtained prior to any information being released. Ms. Kopel will also need to obtain written authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes that your therapist has made about your conversations during your private individual, couples or family counseling session, which your therapist will have kept separate from the medical record.

Once authorization to release information is obtained it can only be revoked in writing and it is understood that the treating therapist cannot be held responsible for information that was released prior to permission being revoked.

- Your PHI will be used and/or disclosed, as needed, to obtain payment from your mental health carrier. Your health insurance plan may ask for treatment dates, who was present, diagnosis, treatment plan, description of impairment, progress of therapy and other medically relevant information in making a determination of payment.
- Coordination of Care—If you are working with another medical or mental health provider I may ask permission to release information in order to provide a consistent and collaborative treatment program.
- Family members—Information cannot be released to other family members, which includes spouses and parents when the client is 18 or older, without prior written authorization.
- HIPAA also provides the individual the right to request confidential communications or that a communication of PHI be made in a certain way. For example you can ask to be called only at home, on your cell phone or by e-mail. Please discuss with the mental health provider how and where you would like correspondence to be made.

III. Uses and Disclosures Where Neither Consent or Authorization is required

Amy L. Kopel, LLC is legally bound to take action without your consent or authorization under these circumstances:

- ***Child Abuse***—If I have reason to believe that a child has been subjected to physical, sexual or mental abuse or neglect, I must report this belief to the appropriate authorities
- ***Adult and Domestic Abuse***—I may disclose protected health information about you if I believe that you are a victim of abuse, neglect, self-neglector or exploitation.
- ***Serious Threat to Health or Safety***—If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm.
- ***Serious Threat to Health or Safety***—If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- ***Prenatal Exposure to Controlled Substances***—If I believe you are using drugs and/or alcohol during a pregnancy I must take action to protect you and the fetus.
- ***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 I will not release information without your written consent or a court order. If I am under a subpoena I may be ordered to release information.
- ***Health Oversight Activities***—If I receive a notice from the Maryland Board of Social Work Examiners that a complaint has been filed and they are investigating my practice, I must disclose PHI requested by the board.
- ***Worker's Compensation***—If you file a worker's compensation claim, Ms. Kopel may be required to give your mental health information to relevant parties and officials.

In all cases I will make every effort to communicate with you prior to taking any action and I will limit my disclosure to only what is necessary.

You should also be aware that I sometimes consult with other mental health professionals who are all bound by the same rules of confidentiality and are obligated to protect your privacy. I never reveal names or so much information that the client is easily identifiable

IV. Client's Rights

- **Right to Request Restrictions**—You have the right to request restrictions on certain uses and disclosures of PHI about you. However, your clinician may disagree with your decision.
- **Right to Receive Confidential Communications**---You have the right to notify your clinician how you would like to receive confidential communications of PHI. Notify Ms. Kopel which phone to use, where messages can and cannot be left and which method of communication you prefer.
- **Right to Inspect and Copy**---You have the right to inspect and/or copy of your PHI that Ms. Kopel uses to make decisions about your for as long as it is kept in the PHI record. These do not include your Psychotherapy notes and upon your request Ms. Kopel will discuss with you the details of the process.
- **Right to Amend**---You have the right to request an amendment of PHI as long as the PHI is kept in the record. Ms. Kopel may deny your request at which time you may ask to discuss the process.
- **Right to Accounting**---You have the right to receive a general accounting of who has received information about you. You have the right to a list of when disclosures of your PHI were made, with or without your authorization.

V. Ms. Kopel's Duties

- Ms. Kopel is required by law to maintain the privacy of PHI and provide notice of her practices.
- Ms. Kopel reserves the right to change the privacy policies and practices described in this notice. If a revision is made you will be notified of any changes in writing.

Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at 410-878-7490 for further information. We can discuss what if any action is to taken and I will provide you with the appropriate agency to file a written grievance. This notice goes into effect immediately.