

Center for Integrative Healthcare

NOTICE OF PRIVACY PRACTICES

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

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

The Center for Integrative Healthcare (CIH) may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your written authorization. Below are definitions to help clarify key terms.

- “PHI” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
 - o *Treatment* is when CIH provides, coordinates, or manages your health care and other services related to your health care. An example of treatment is your therapist consulting with another health care provider, such as your family physician or another therapist.
 - o *Payment* involves CIH’s communications regarding payment for your health care. An example of payment is CIH disclosing your PHI to your health insurer (superbill, treatment plan, and claim form) in order for you to obtain reimbursement.
 - o *Health Care Operations* are activities that relate to the performance and operation of CIH’s practice. Examples of health care operations include quality assessment and improvement activities, business related matters such as audits and administrative services, case management, and care coordination.
 - o “*Use*” applies only to activities within CIH’s office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
 - o “*Disclosure*” applies to activities outside of CIH’s office such as releasing, transferring, or providing access to information about you to other parties.
 - o “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

CIH 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 CIH is asked for information for those purposes outside of treatment, payment, or health care operations, CIH will obtain an authorization from you before releasing this information. These notes are given a greater degree of

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

III. Uses and Disclosures without Authorization

CIH may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If CIH has reason to believe that a child has been subjected to abuse or neglect, she must report this belief to the appropriate authorities.
- Adult and Domestic Abuse – CIH may disclose protected health information regarding you if she reasonably believes that you are a victim of abuse, neglect, self-neglect, or exploitation.
- Health Oversight Activities – If CIH receives a subpoena from The Maryland Board of Examiners because they are investigating the practice, CIH must disclose 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 CIH will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by 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 to your therapist a specific threat of imminent harm against another individual or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your therapist may make disclosures that your therapist believes are necessary to protect that individual from harm. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself your therapist may make disclosures to protect you from harm.

IV. Patient's Rights and Therapist's Duties Patient's Rights:

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, CIH is not required to agree to a restriction that 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 seeing CIH. Therefore, upon your request, CIH will send your bills to another address.)

- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of your PHI in CIH’s mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CIH may deny 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 CIH believes the disclosure of the record will be injurious to your health. Upon your request, CIH 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. CIH may deny your request. Upon your request, CIH will discuss with you the details of the amendment process.
- Right to Accounting – You generally have the right to receive an accounting of disclosures of PHI. Upon your request, CIH will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from CIH upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- CIH is required by law to maintain the privacy of PHI and to provide you with a notice of CIH’s legal duties and privacy practices with respect to PHI.
- CIH reserves the right to change the privacy policies and practices described in this notice. Unless CIH notifies you of such changes, however, CIH is required to abide by the terms currently in effect.
- If CIH revises these policies and procedures, CIH will notify you in writing.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision CIH makes about access to your records, or have other concerns about your privacy rights, you may contact CIH at 301-663-1683. You may also contact the Secretary of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175.

You have specific rights under The Privacy Rule. CIH will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

CIH reserves the right to change the terms of this notice and to make the new notice provisions effective for the entire PHI that CIH maintains. If a revision is made, CIH will provide you with a revised notice at the time of your next therapy session.