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NOTICE FORM REGARDING THE USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

Providing this notice to you is a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how psychological 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

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

- o ***“PHI”*** refers to information in your health record that could identify you.
- o ***“Treatment”*** is when I provide, coordinate, or manage your healthcare and other services related to your healthcare. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another psychologist.
- o ***“Payment”*** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health

insurer to obtain reimbursement for your healthcare or to determine eligibility or coverage.

- o **“Health Care Operations”** are activities that relate to the performance and operation of the practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- o **“Use”** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- o **“Disclosure”** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to the 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. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations with your authorization. In those instances I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing any “Psychotherapy Notes.” “Psychotherapy Notes” are notes I may have made about the conversation during a private, group, joint, or family counseling session, which been kept separate from the rest of your medical record. These notes are given more protection than PHI. I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice, for using or disclosing PHI for marketing purposes, or for using or disclosing PHI in a way that is considered a sale of PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may

not revoke an authorization to the extent that 1) I have already relied on that authorization; or, 2) if the authorization was obtained as a condition of obtaining insurance coverage since the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

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

- o ***Abuse of Children or Vulnerable Adults*** -If I have reason to believe that a child or vulnerable adult (e.g., an elder) has been subjected to abuse or neglect, I have to report this belief to the appropriate authorities.

- o ***Health Oversight Activities***-If I receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating me or the practice, I must disclose any PHI requested by the Board.

- o ***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 authorization or a court order. The privilege does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- o ***Serious Threat to Health or Safety***-If you communicate to me a specific threat of imminent harm against another individual, or if I believe 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. 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. This also includes the “Red Flag Law,” which

allows for efforts to prevent those believed to be exhibiting dangerous behaviors from accessing firearms.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164-512 of the Privacy Rule and Maryland's confidentiality law:

This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or the Maryland Department of Health and Mental Hygiene), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's (Client's) Rights and Psychologist's Duties

Patient's (Client's) Rights:

- o **Right to Request Restrictions**—You have the right to request restrictions on certain uses and disclosures of protected health information (PHI). This includes the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket. However, I am not required to agree to a restriction that you request.

- o **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 me and on your request I send your bills to another address).

- o **Right to Inspect and Copy**—You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I 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 I believe that disclosure of the record will be injurious to your health. On your request, I will discuss with you the details of the request and the denial process for both PHI and Psychotherapy Notes.

- o **Right to Amend**-You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

- o **Right to an Accounting**-You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

- o **Right to a Paper Copy**-You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

- o **Right to Be Notified if There is Breach of Your Unsecured PHI**-You have a right to be notified if: a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; b) that PHI has not been encrypted to government standards; and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's (And Psychology Associate's) Duties:

- o I am required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.

- o Present Mind Consulting, LLC reserves the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- o If policies and procedures are revised, you will be provided with verbal and/or written notification of the changes.

V. 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 Dr. Carly Hunt at 202-664-0991. If you believe that your privacy rights have been violated, you may also file a complaint. You may contact the Maryland Psychological Association or the Maryland Board of Examiners of Psychologists for further information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The organizations listed above can provide you with the appropriate address upon request. There will be no retaliation for filing a complaint.

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

This notice goes into effect on August 1st, 2022. Present Mind Consulting, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. You will be provided with a revised notice by e-mail or in person at one of your visits to my practice.