

## **MARYLAND NOTICE OF PRIVACY PRACTICES for the Practice of Julie A. Morrison, Psy.D.**

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information, as defined by federal and state laws, related to the Health Insurance Portability and Accountability Act (HIPAA). 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 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* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer.
- *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination.
- *Use* applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of my practice, 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 a specific legally required form.

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

- I 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 I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information.
- You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I 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.
- Authorization will also be obtained from you before using or disclosing PHI in a way that is not described in this notice.

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

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

- *Child Abuse* – If I have reason to believe that a child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – I may disclose protected health information regarding you if I reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.
- *Health Oversight Activities* – If I receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating my practice, I must disclose any PHI requested by the Board.
- *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. 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.
- *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 by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law* - This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as a state department

of health) 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.

## **V. Client's Rights and Psychologist's Duties**

### Client's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out of Pocket* -You have the right to restrict certain disclosure of PHI to a health plan when you pay *out of pocket in full* for the healthcare service.
- *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. On your request, I 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 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. On your request, I will discuss with you the details of the request and denial process for PHI.
- *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.
- *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.
- *Right to a Copy* – You have the right to obtain a paper copy or an electronic copy upon request, in a format agreed upon by the client and the psychologist.
- *Right to be Notified if There is a Breach of Your Unsecured PHI*- You have a right to be notified if: (a) there is a breach involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) risk assessment fails to determine that there is a low probability that your PHI has been compromised.

### Psychologist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve 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.
- A copy of the most current Policies and Practices to Protect the Privacy of Client's Health Information will also be posted on my website at [www.drjuliemorrison.com](http://www.drjuliemorrison.com).

## **V. Questions and Complaints**

- If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me directly.
- If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request.
- You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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

- This notice went into effect on September 23, 2013
- I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by giving you a copy of the revised notice at a session with you or by mailing you a copy of the revision.