

Therapeutic Health Associates

HIPAA - Notice of Privacy Policies

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You do not need to respond to this notice.

Therapeutic Health Associates (THA) is dedicated to maintaining the privacy of individually identifiable health information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as Protected Health Information or PHI (Protected Health Information). We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our organization concerning your PHI. Your Protected Health Information (PHI) broadly includes any health information, oral, written or recorded, that is created or received by us, other healthcare providers, and health insurance companies or plans, that contains data, such as your name, address, social security or patient identification number, and other information, that could be used to identify you as the individual patient who is associated with that health information.

Rules on How We May Use or Disclosure Your Protected Health Information

Generally, we may not “use” or “disclose” your PHI without your permission and must use or disclose your PHI in accordance with the terms of your permission. “Use” refers generally to activities within our office. “Disclosure” refers generally to activities involving parties outside of our office. The following are the circumstances under which we are permitted or required to use or disclose your PHI. In all cases, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required.

HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR CONSENT

1. **Treatment.** Our organization may use your PHI for treatment. This includes: (a) use within our office by our professional staff for the provision, coordination, or management of your mental and health care at our office; (b) we may also disclose your PHI to your primary care provider or other outside health care providers for purposes related to treatment, we may also disclose your PHI to family members or others who may assist in you or your dependents care; and (c) contacting you to provide appointment reminders or information about treatment alternatives or other health- related services that may be of interest to you.
2. **Payment.** Our organization may use and disclose your PHI in order to bill and collect payment for services rendered to you. This includes: (a) if you initially consent to treatment using the benefits of your contract with your health insurance plan, we will disclose to your health plans or plan administrators, or their appointed agents, PHI for such plans or administrators to determine coverage, for their medical necessity reviews, for their appropriateness of care reviews, for their utilization review activities, and for adjudication of health benefit claims; (b) disclosures for billing for which we may utilize the services of outside billing companies and claims processing companies with which we have Business Associate. Agreements that protect the privacy of your PHI; and (c) disclosures to attorneys, courts, collection agencies, and consumer reporting agencies, of information as necessary for the collection of our unpaid fees, provided that we notify you in writing prior to our making collection efforts that require disclosure of your PHI. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations and Business Associates.** Our organization may use and disclose your PHI to operate our business to our Business Associates. Business Associates are entities that in the course of our business with them may obtain access to your PHI. They may use, transmit, or view your PHI on our behalf. This includes: (a) use within our office for training of our professional staff and for internal quality control and auditing functions; (b) use within our office for general administrative activities such as filing, typing, etc.; and (c) disclosures to our attorney, accountant, bookkeeper and similar consultants for our healthcare operations. Business Associates are prohibited from re-disclosing your PHI without your written consent, or unless disclosure is required by law. Further, we have entered into confidentiality agreements with our Business Associates for the protection of your PHI.

PLEASE NOTE THAT UNLESS YOU REQUEST OTHERWISE, AND WE AGREE TO YOUR REQUEST, WE WILL USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT ACTIVITIES, PAYMENT

ACTIVITIES, AND HEALTHCARE OPERATIONS AS SPECIFIED ABOVE, WITHOUT WRITTEN PERMISSION.

USE AND DISCLOSURE OF YOUR PHI REQUIRED BY LAW THAT DOES NOT REQUIRE YOUR CONSENT

There are some federal, state, or local laws that require us to disclose PHI. The HIPAA laws allow us to use and disclose some of your PHI without getting your consent or authorization in some cases. Below are some of the circumstances of when this may occur:

1. Public Health Risks •maintaining vital records, such as births and deaths reporting child abuse or neglect to social service or child protective services agencies •notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult person served (including domestic violence) though we will only disclose this information if the person served agrees or we are required or authorized by law to disclose this information•preventing or controlling disease, injury or disability •notifying a person regarding potential exposure to a communicable disease•notifying a person regarding a potential risk for spreading or contracting a disease or condition reporting reactions to drugs or problems with products or devices •notifying individuals if a product or device they may be using has been recalled
2. Law Enforcement •Disclosures to State authorities of imminent risk of danger presented by patients to self or others for the purpose of restricting patient access to firearms; Also, if we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only report this to those people who can prevent the danger to the extent necessary to protect you or others from a serious imminent risk of danger presented by you•Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement. We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal •Regarding any criminal conduct at our office •Concerning a death, we believe has resulted from criminal conduct •In response to a warrant, summons, court order, subpoena or similar legal process •To identify or locate a suspect, material witness, fugitive or missing person •In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
3. Lawsuits and Similar Proceedings. Our organization may disclose some of your PHI in response to a court order, administrative tribunal, or other lawful processes if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI if we receive a subpoena, discovery request, or other lawful processes by another party involved in the dispute. We will only do so after telling you about the request and will suggest that you talk to your lawyer.
4. Health Oversight Activities. Our organization may disclose your PHI to government agencies and organizations check on us for compliance of federal regulations and privacy laws to ensure quality and efficiency. This includes audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs, compliance with civil rights laws and the health care system in general.
5. Deceased Persons. Our organization may release your PHI to a medical examiner or coroner to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. National Security. Our organization may disclose your PHI to federal officials for intelligence and national security activities, as well as to public and private entities to assist in disaster relief efforts authorized by law.
7. Workers' Compensation. Our organization may release your PHI for workers' compensation and similar programs.
8. For specific government functions. Our organization may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.
9. Research. Our organization may use or share your PHI for research that improves treatments. We will discuss this with you first and will not use your PHI unless you give your signed consent on an authorization form. In those 2 cases, your PHI will be de-identified which no longer identifies you by name or any distinguishing marks and cannot be associated with you.
10. Release of Information to Family/Friends. Our organization may release your PHI to a friend, clergy, or family member that is involved in your care, or who assists in taking care of you, but only if you are present and give oral permission. We will ask you which persons you want us to disclose the information about your condition or treatment to and we will honor your wishes as long as it is not against the law.

Minimum Necessary Rule: We will use or disclose your PHI without your authorization for the above purposes only to the extent necessary and will release only the minimum necessary amount of PHI to accomplish the purpose.

AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF YOUR PHI

Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Examples are (1) uses and disclosures of psychotherapy notes, (2) uses and disclosures for marketing purposes, (3) and uses and disclosures that involve the sale of PHI. Further, we are required to use or disclose your PHI consistent with the terms of your authorization. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. We will not sell your PHI or use your PHI for paid marketing or fundraising purposes without your written authorization and we do not plan to use your PHI in marketing or fundraising activities. Special Handling of Psychotherapy Notes. "Psychotherapy Notes" are defined as records of communications during individual or family counseling which may be maintained in addition to and be separate from healthcare records. Psychotherapy notes are only released with your specific written authorization except in limited instances, including: (a) if you sue us or file a complaint, we may use psychotherapy notes in our defense; (b) to the United States Department of Health and Human Services in an investigation of our compliance with HIPAA; (c) to health oversight agencies for a lawful purpose related to oversight of our practice; and (d) to the extent necessary to protect you or others from a serious imminent risk of danger presented by you.

Health insurers may not make conditions on treatment, payment, enrollment, or eligibility for benefits of obtaining authorization to review, or on reviewing psychotherapy notes.

YOUR RIGHTS REGARDING YOUR PHI

Under HIPAA, you have certain rights with respect to your PHI. The following is an overview of your rights and our duties with respect to enforcing those rights.

1. **Requesting Restrictions.** You have the right to request a restriction on certain uses of your PHI. Additionally, you have the right to request that we restrict the disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members, guardians, and friends. While we are not required to agree to any requested restriction, if we do, we are then bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law. If you have paid for our services in full yourself, out-of-pocket, then we must comply with your request to restrict those disclosures of your PHI that would otherwise be made for payment or healthcare operations, that are unnecessary because of your manner of payment. We require that all requests for restrictions be made in writing to the Privacy Officer and specify (1) reason for the request, (2) the information to be restricted, (3) the type of restriction being requested, and (4) to whom the limits apply. We will respond in writing to all requests within 30 days or receipt.
2. **Confidential Communications.** You have the right to request that our organization communicate with you about your PHI by alternative means or at an alternative location (such as home rather than work). Your reasonable request must be made in writing and note the requested method of contact, or the location you wish to be contacted at. We must agree to your request if you inform us that certain means of communicating with you will place you in danger.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI, including any PHI maintained in electronic format, except for (a) personal notes and observations of the treating provider, (b) psychotherapy notes, (c) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, (d) health information maintained by us to the extent to which the provision of access to you is at our discretion and we exercise our professional judgment to deny you access, and (e) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. You must submit your request in writing to the Privacy Officer below in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. We reserve the right to deny you access to and copies of all or certain PHI as permitted or required by law. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file an appeal or complaint.
4. **Right to Amend.** You have the right to request that we amend your PHI to explain or correct anything in them, for as long as your medical record is maintained by us. If you believe that the information in your records is incorrect or incomplete, you can ask us to make additions to your records or to include your own written statements to correct the situation. We require that you submit written requests to our Privacy Officer at the mailing address below and provide a reason to support the requested amendment. Our organization will deny your request if you fail to submit your request and the reason supporting your request in writing. We may also deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for

the organization; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. **Right to Receive an Accounting of Disclosures.** You have the right to receive a written accounting of all disclosures of your PHI and electronic health records for which you have not provided an authorization that we have made. When we disclose your PHI, we will keep a record of whom we sent it to, the date we sent it, what we sent, as well as a brief statement of the purpose and basis of the disclosure. We require that you request an accounting (list) of disclosures in writing to the Privacy Officer. We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) to other healthcare providers involved in your care, (e) for national security or intelligence purposes, and (f) to correctional institutions. We reserve the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials as required by law. We will provide the first accounting to you in any 12-month period without charge but will impose a reasonable fee for responding to each subsequent request for accounting within that same 12-month period. All requests for an accounting of disclosures shall be sent to our Privacy Officer at the mailing address below.
6. **Right to Notification.** If there is a breach in our protecting your PHI, we will follow HIPAA guidelines to evaluate the circumstances of the breach, document our investigation, retain copies of the evaluation, and where necessary, report breaches to DHHS. Where a report is required to DHHS, we will also give you notification of any breach.
7. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of our Notice or Privacy Practices. We reserve the right to revise or amend this Notice of Privacy Practices at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. Upon your written request to the Privacy Officer at the mailing address below, we will provide you with a notice of any revisions or amendments to this Notice of Privacy Practices, or changes in the law affecting this Notice of Privacy Practices at the next scheduled appointment, mail or electronically within 60 days of receipt. We will also post the amended notice which is visible in our reception area, and you can always request a copy from the Privacy Officer.
8. **Right to File a Complaint.** Questions concerning this notice should be directed to our privacy officer at 410-451-3000. You can also view this notice online at www.therapeutichealthassociates.com. If you are concerned that THA has violated your privacy rights, or you disagree with a decision made by your healthcare provider about access to your records, you may contact us in writing to express your concern at our address below. If you feel that THA did not adequately address or resolve your concern, you may contact the Secretary of Health and Human Services (address below).

Therapeutic Health Associates
Attn: Practice Manager
2124 Priest Bridge Dr., Ste 10
Crofton, MD 21114

The U.S. Dept of Health and Human Services
Attention: Secretary
200 Independence Ave., SW
Washington, DC 20201