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Notice of Privacy Practices (Abridged Version)

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.

My commitment to your privacy
My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to me about any questions or problems you're may have.

How I use and disclose your protected health information with your consent
I will use the information I collect about you mainly to provide you with **treatment**, to arrange **payment** for my services, and for some other business activities that are called, in the law, **health care operations.** After you have read this notice, I will ask you to sign a **consent form** to let me use and share your information in these ways. If you do not consent and sign this form, I cannot treat you. If I want me to use or send, share, or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your health information without your consent
There are some times when the laws require me to use or share your information. For example:

- When there is a serious threat to your or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
- When I am required to do so by lawsuits and other legal or court proceedings.
- If a law enforcement official requires me to do so.
- For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.

Your rights regarding your health information

- You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try our best to do as you ask.
- You can ask me to limit what I tell people involved in your care or the payment for your

care, such as family members and friends.

- You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you for it. Let me know if you want to see your records. See below.
- If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing. You must also tell me the reasons you want to make the changes.
- You have the right to a copy of this notice. If I change this notice, I will post the new version in our waiting area, and you can always get a copy of it from me.
- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

If you have any questions regarding this notice or our health information privacy policies, please contact me in person, by phone, or by email.

The effective date of this notice is March 15, 2010.

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Notice of Privacy Practices (Unabridged Version)

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.

Those who seek counseling or psychotherapy are rightfully concerned about their privacy. Privacy is quite complicated because it is addressed by many federal laws, state laws, and the professional ethics of psychologists. This notice addresses these issues of privacy.

Because the privacy rules are so complicated, some parts of this notice are very detailed, and you will probably have to read over these parts times to understand them. If you have any questions, I will be happy to address them and to help you understand my procedures and your rights.

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A. Introduction - To my clients

This Notice tells you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. You need to know all of this so that you can make the best decisions for yourself and your family.

If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

B. What I mean by your medical information

Each time you visit me, any doctor's office, hospital, clinic, or any other healthcare providers, information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the tests and treatment you got from me, or about payment. The information I collect from you is called, in the law, Protected Health Information or PHI. This information goes into your medical or healthcare record or file.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child, your school and work experiences, your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and any other services that I think will be best to help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell us.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters
- Billing and insurance information

This list is just to give you and idea and there may be other kinds of information that go into your healthcare record here.

I use this information for many purposes. For example, I may use it for the following:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- To talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.

- To show that you actually received the services from me which I billed to you or to your health insurance company.
- To teach and train other healthcare professionals.
- To provide data for medical or psychological research.
- To provide information to public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can read it, and you can request a copy (but I may charge you for the costs of copying and mailing). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to correct or add information to your record, although in some rare situations I don't have to agree to do that.

I may keep an extra set of notes about our sessions called "psychotherapy notes." These notes are different from the progress notes I make after each session. These psychotherapy notes are for my benefit: They help me remember sessions, think through issues, and note particularly sensitive information that is inappropriate for your medical record. These notes are not intended to be seen by anyone but me, and I keep them separate from your medical record. You do not have access to these notes, although I may choose to let you see them. If you bring legal action against me, I may disclose these notes without your authorization.

If you want, I can explain all this further.

C. Privacy and the laws of privacy

I am required to tell you about privacy because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices. This notice is called the Notice of Privacy Practices or NPP**.** I will obey the rules of this notice. If I change my privacy practices, these changes will apply to all the PHI I keep. I will also post the new notice of privacy practices in my office where everyone can see it. You or anyone else can also get a copy from me at any time. It is also posted on my website at Bilgrave.com.

D. How your protected health information can be used and shared

Except in some special circumstances, when I use your PHI here or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives

you rights to know about your PHI, to know how it is used, and to have a say in how it is disclosed. Therefore, I will tell you more about what I do with your information.

I use and disclose PHI for several reasons. Mainly, I will use and disclose it for routine purposes, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

1. Uses and disclosures of PHI in healthcare with your consent

After you read this Notice, I will ask you to sign a separate consent form to allow me to use and share your PHI. In almost all cases, I intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or to handle some other business functions called "health care operations."

In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent, I cannot treat you.

1a. The basic uses and disclosures: for treatment, payment, or health care operations

Generally, I may use or disclose your PHI for three purposes: treatment, payment, and healthcare operations.

For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.

I may share or disclose your PHI to others who provide treatment to you. I may share your information with your personal physician. If you are being treated by a team, I may share some of your PHI with them so that the services you receive will be well coordinated. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record so that we all can decide what treatments work best for you and develop an effective Treatment Plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them some things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment. I may use your information to bill you, your insurance, or others so that I can be paid for the treatments I provide to you. I may contact your insurance company to check on exactly what your insurance covers. I may have to tell you company about your diagnoses, what

treatments you have received, and the changes I expect in your conditions. I will also need to tell them about when we met, your progress, and other similar things.

For health care operations. There are a few other ways I may use or disclose your PHI for what are called health care operations. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If I do, I will remove your name and personal information will be removed from what I send.

1b. Other uses in healthcare

Appointment reminders. I may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or if you prefer some other way to reach you, I usually can arrange that. Just tell us.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. I may use or share your information to do research to improve treatments. An example of research would be to compare two treatments for the same disorder to see which one either works better or costs less. In all cases, your name, address and other personal information would be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you beforehand and ask you to sign a special authorization form.

Business associates. There are some jobs I may hire other businesses to do for us. In the law, they are called my business associates. Examples may include a copy service to make copies of your health records and a billing service that figures out, prints, and mails bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they must agree in their contract with me to safeguard your information.

2. Uses and disclosures that require your authorization

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don't expect to need this very often.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, I will not use or disclose your information for the purposes

that we agreed to. Of course, I cannot take back any information we had already disclosed with your permission or that I had used in my office.

3. Uses and disclosures of PHI from mental health records that don't require your consent or authorization

The law let me use and disclose some of your PHI without your consent or authorization in some cases. Here are examples of when I might have to share your information:

3a. When required by law

There are some federal, state, or local laws that require me to disclose PHI.

- Child abuse: We have to report suspected child abuse.
- Adult and domestic abuse: I may disclose PHI if I reasonably believe that you or another vulnerable adult is a victim of abuse, neglect, self-neglect, or exploitation.
- Judicial and Administrative Proceedings: If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- Oversight: I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws. For example, if I receive a subpoena from the Maryland Board of Examiners of Psychologists because the Board is investigating my practice, I must disclose any PHI requested.

3b. For law enforcement purposes

- I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

3c. For public health activities

- I might disclose some of your PHI to agencies that investigate diseases or injuries.

3d. Relating to decedents

- I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

3e. For specific government functions

- I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers compensation

and disability programs, to correctional facilities if you are an inmate, and for national security reasons.

3f. To prevent a serious threat to health or safety

- If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do to this to persons who can prevent the danger.

4. Uses and disclosures where you to have an opportunity to object

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose such as close friends or clergy. I will ask you about whom you want me to tell and what specific information about your condition or treatment you want me to tell. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

If there is an emergency - so I cannot ask if you disagree - I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law.

5. An accounting of disclosures

When I disclose your PHI, I may keep some records of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures.

E. Your rights regarding your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.

2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement, except if it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records, but I may charge you. (As previously mentioned, I may choose not to let you see the psychotherapy notes I may keep about you, as these notes are intended to be used and seen only by me and as they are kept separate from the rest of your medical record.)

4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing. You must tell me the reasons you want to make the changes.

5. You have the right to a copy of this notice. If I change this NPP, I will display the new version in my waiting area, and you can always get a copy of the NPP from me.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above please speak to me. I can be reached at 443-562-8331 or at bilgrave@comcast.net. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please speak with me. As stated above, you have the right to file a complaint with me and with the Secretary of the federal Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain.

The effective date of this notice is March 15, 2010.