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NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPPA)

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present or future health or condition, the provision of health care to you or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside my practice. With some exceptions, I may not use or disclose any more than your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care That Do Not Require Your Prior Written Consent.

- 1. For treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you are

being treated by a psychiatrist, I can disclose your PHI to your psychiatrists in order to coordinate your care.

2. **To obtain payment for treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies and others that process my health care claims.
 3. **For health care operations.** I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountants, attorneys, consultants and others to make sure I am complying with applicable laws.
 4. **Other disclosures.** I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment as long as I try to get your consent after treatment is rendered or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think you would consent to such treatment if you were able to do so.
- B. **Certain Uses and Disclosures Do Not Require Your Consent.** I can use and disclose your PHI without your consent or authorization for the following reasons:
1. **When disclosure is required by federal, state or local laws; judicial or administrative proceedings; or, law enforcement.** For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
 2. **For public health activities.** For example, if I had to report information about you to the county coroner.
 3. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
 4. **For research purposes.** In certain circumstances, I may provide PHI in order to conduct medical research.
 5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 6. **For specific government functions.** I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for security purpose such as protecting the President of the United States or conducting intelligence operations.
 7. **For workers' compensation purposes.** I may provide PHI in order to comply with workers' compensation laws.

8. **Appointment reminders and health related benefits or services.** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object

1. **Disclosers to family, friends or others.** I may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. **Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situations not described in sections III A, B and C above, I will ask your written authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future use and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that I limit how to use and disclose your PHI. I will consider your request but I am not legally required to accept it. If I accept your request I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I'm legally require or allowed to make.

B. **The Right to Choose How I send PHI to You.** You have the right to ask that I send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternative means (for example, email instead of regular mail) I must agree to your request so long as I can easily provide the PHI to you in the format requested.

C. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed.

D. **The Right to Get a List of the Disclosures I have Made.** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or disclosures made before April 14, 2003. I will respond to your request for an accounting of disclosures within 60 days of receiving your written request. The list I will give you will include disclosers made since April 14, 2003 up to a period of 6 years unless you request a shorter time. The list will include the date of the disclosure,

to whom the PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year I will charge you a reasonable cost based fee for each addition request.

- E. **The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the changes to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
- F. **The Right to Get This Notice by E-Mail.** You have the right to get a copy of this Notice by email. Even if you have agreed to receive the Notice via email you also have the right to request a paper copy of it.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think that I may have violated your privacy rights or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201. I will take no retaliatory action against you if you file a complaint about my practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this Notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me your service provider.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 24, 2003

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Patients have the right to:

1. Receive information from health providers and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their health providers as to the optimal course of action. Patients are also entitled to obtain copies or summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interest that their health providers might have, and to receive independent professional opinions.
2. Make decisions regarding the health care that is recommended by his or her health provider. Accordingly, patients may accept or refuse any recommended medical treatment.
3. Courtesy, respect, dignity, responsiveness, and timely attention to his or her needs, regardless of race, religion, ethnic or national origin, gender, age, sexual orientation, or disability.
4. Confidentiality. The health provider should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.
5. Continuity of health care. The health provider has an obligation to cooperate in the coordination of medically indicated care with other health providers treating the patient. The health provider may discontinue care provided they give the patient reasonable assistance and direction, and sufficient opportunity to make alternative arrangements.

Patients have the responsibility to:

1. Good communication is essential to a successful health provider-patient relationship. To the extent possible, patients have a responsibility to be truthful and to express their concerns clearly to their health providers.
2. Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness and other matters relating to present health.
3. Patients have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been described.
4. Once patients and health providers agree upon the goals of therapy, patients have a responsibility to cooperate with the treatment plan. Compliance with health provider instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed-upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.
5. Patients should also have an active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk.