Notice of Privacy Practices

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Your Information. Your Rights. My Responsibilities.

This notice explains how I protect the privacy of your health information, how I may use or disclose that information, and your rights regarding your records. As a licensed clinical psychologist, I take the confidentiality of information shared in treatment seriously and follow applicable federal and Maryland privacy laws. Please review this notice carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and how you may exercise them.

You may request a copy of your records.

You may ask to see or receive a paper or electronic copy of your health information. You may also ask for a summary of your records. Requests should be made in writing. I will respond within the time required by applicable law. In some circumstances, Maryland law permits a health care provider to withhold a portion of a psychological or psychiatric record when the legal requirements for doing so are met. When that occurs, Maryland law provides for a summary of the withheld information and other procedures.

Certain psychological test materials may be subject to additional professional and legal protections.

You may ask me to correct your records.

You may request a correction or addition to information you believe is inaccurate or incomplete. I may decline a request when appropriate under applicable law, but I will explain my decision in writing.

You may request confidential communications.

You may ask me to contact you in a particular way or at a specific address or telephone number. I will make reasonable efforts to accommodate your request.

You may ask me to limit what I use or disclose.

You may ask me not to use or disclose certain information for treatment, payment, or practice operations. I am not required to agree to every request, but I will consider it. If I agree, I will follow the agreed restriction except when disclosure is otherwise permitted or required by law.

You may request an accounting of certain disclosures.

You may ask for a list of certain disclosures of your health information. This accounting generally does not include disclosures made for treatment, payment, or health care operations, or disclosures you authorized.

You may receive a copy of this notice.

You may request a paper copy of this notice at any time, even if you previously received it electronically.

You may choose someone to act for you.

If someone has legal authority to act on your behalf, that person may exercise your rights regarding your health information, subject to applicable law. I will verify that person's authority before releasing information.

You may file a complaint.

If you believe your privacy rights have been violated, you may contact me directly or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Contact information appears at the end of this notice. I will not retaliate against you for filing a complaint.

How I May Use and Disclose Your Information

I may use or disclose your health information for the following purposes, as permitted or required by law.

Treatment

I may use your information to provide, coordinate, or manage your psychological services. I may also share relevant information with other health care professionals involved in your care when permitted by law.

Payment

I may use information needed to collect payment for services. My practice is private pay and out of network with health insurance plans. I do not submit insurance claims or bill insurance companies directly.

Practice Operations

I may use information to manage my practice, maintain records, evaluate the quality of services, and carry out other activities necessary to operate the practice.

Other Permitted or Required Disclosures

In certain circumstances, I may disclose health information without your written authorization when permitted or required by law. These circumstances may include:

- Reporting suspected child abuse or neglect, or abuse or neglect of a vulnerable adult, as required by law.
- Addressing a serious and imminent threat to the health or safety of an individual or the public.
- Responding to certain public health or health oversight activities authorized by law.
- Complying with a court order or other lawful legal process.
- Responding to certain law enforcement or government requests when legally permitted.
- Meeting other legal or regulatory requirements.

I will disclose only the information permitted or required under the applicable law.

Family Members and Others Involved in Your Care

With your permission, or when you have an opportunity to agree or object, I may share relevant information with a family member, close friend, or another person involved in your care. In an emergency or when you are unable to communicate your preference, I may disclose information when I determine that doing so is in your best interest and the law permits it.

When Written Authorization Is Required

For uses and disclosures not described in this notice, I will obtain your written authorization when required by law.

You may revoke an authorization in writing at any time. Revocation will not affect information already used or disclosed in reliance on the authorization.

I do not sell your health information or use it for marketing purposes.

Special Considerations for Children and Adolescents

Confidentiality in the treatment of children and adolescents requires attention to the child's age, developmental level, legal status, the circumstances under which treatment began, and applicable Maryland law.

Parents or legal guardians generally have access to a minor child's health information when they are legally authorized to act as the child's personal representative. However, there are important exceptions.

Under Maryland law, a minor who is at least 12 years old and whom the treating provider determines is mature and capable of giving informed consent may consent to consultation, diagnosis, and treatment for a mental or emotional disorder. In those circumstances, the law gives the minor certain rights concerning treatment information. A provider may, but is not always required to, share information with a parent or guardian. The provider must consider whether disclosure could harm the minor or discourage the minor from seeking care.

When a parent or guardian has consented to treatment, or when parents share legal authority, access and disclosure may depend on the applicable law, custody arrangements, and the circumstances of treatment.

I discuss confidentiality and parental involvement with families as appropriate and consistent with the law. My goal is to protect a young person's privacy while supporting appropriate parental involvement in treatment.

Email and Other Electronic Communication

I use email with patients on a limited basis, primarily for administrative matters. Email may not be fully secure, and I ask patients not to use email for urgent concerns or detailed clinical information. My approach to email communication is also described in the practice's Informed Consent.

I do not use text messaging to communicate with patients.

Telehealth

I provide services both in person and through telehealth. Telehealth involves the use of electronic communication technology and carries privacy and security considerations that differ from in-person services.

I take reasonable steps to protect the confidentiality of telehealth communications. Information about telehealth, including its potential benefits, limitations, and privacy considerations, is addressed in the separate Telehealth Informed Consent.

Protecting Your Information

I maintain both paper and electronic records. I take reasonable steps to protect the privacy and security of these records, including limiting access to information and using appropriate safeguards for the systems and services involved in maintaining practice records.

No method of storing or transmitting information is completely secure. I work to protect your information in accordance with applicable law and professional standards.

My Responsibilities

I am required to maintain the privacy of your health information, provide you with this notice of my privacy practices, and follow the terms of the notice currently in effect.

I will notify you if a breach occurs that may have compromised the privacy or security of your information, as required by applicable law.

I will not use or disclose your health information for purposes other than those described in this notice unless you authorize me to do so in writing or the law permits or requires the disclosure.

Changes to This Notice

I may change the terms of this notice, and those changes may apply to health information I already maintain. The current notice will be available upon request and on my practice website.

Questions or Privacy Concerns

If you have questions about this notice or concerns about how your information is handled, please contact me directly:

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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

https://www.hhs.gov/hipaa/filing-a-complaint/

I will not retaliate against you for filing a complaint.