



## **Notice of Privacy Practices**

### ***Your Information. Your Rights. Our Responsibilities.***

**This Notice describes how psychological information about you may be used and disclosed, in addition to how you can get access to this information. Please read it carefully.**

This Notice takes effect on January 1, 2018 and remains in effect until it is replaced.

#### **1. Our Pledge Regarding Psychological Information**

The privacy of your psychological information is important. We understand that your psychological information is personal and we are committed to protecting it. We maintain a record of the care and services you received at our practice. We need this record in order to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways we may use and share the psychological information. It also describes your rights regarding the use and disclosure of your information.

#### **2. Our Legal Duty**

##### ***The law requires us to:***

- a. Keep your psychological information private.
- b. Give you this Notice describing our legal duties and privacy practices, and your rights regarding your psychological information.
- c. Follow the terms of the Notice that is now in effect.

##### ***Core Counseling Services has the right to:***

- d. Change the privacy practices and the terms of this Notice at any time, provided that the law permits the changes.
- e. Make the necessary changes in the privacy practices and the new terms of the Notice effective for all psychological information that we keep, including information previously created or received before the changes.

***Notice of change to privacy practices:***

- f. Before we make an important change in the privacy practices, we will change this Notice, inform you that we have made changes within 60 days, and make the new Notice is available to you upon request.

### **3. Use and Disclosure of Your Psychological Information**

The following section describes different ways that we use and disclose psychological information. Your specific written authorization is required for such disclosure. Any specific written authorization you provide may be revoked at any time upon written notification to Core Counseling Services.

**For Treatment:** We may use psychological information about you to provide you with psychological treatment or services. We may disclose psychological information about you to doctors, nurses, technicians, and other people who are taking care of you. We may also share psychological information about you to your other healthcare providers to assist them in treating you.

**For Payment:** We may use and disclose your psychological information for payment purposes.

**Additional Uses and Disclosures:** In addition to using and disclosing your psychological information for treatment, payment and health care operations, we may use and disclose psychological information for the following purposes:

***Notification:*** We may disclose your psychological information to notify or help notify: a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share and give you the opportunity to refuse permission. In the case of an emergency, and if you are not able to give or refuse permission, we will share only the healthcare information that is directly necessary for your healthcare, according to our professional judgment.

***Disaster Relief:*** We may disclose your psychological information with the public or private organization or person who can legally assist in disaster relief efforts.

***Research in Limited Circumstances:*** We may use your psychological information for research purposes in limited circumstances where the research has been approved by a review board that has examined the research proposal and established protocols to ensure the privacy of psychological information.



***Specialized Government Functions:*** Subject to certain requirements, we may disclose or use psychological information for military personnel and veterans, for national security and intelligence activities, for protective services of the President and others, for psychological suitability determinations for the Department of State, for correctional institutions and law enforcement custodial situations, and for government programs providing public benefits.

***Court Orders and Judicial and Administrative Proceedings:*** We may disclose psychological information in response to a court or administrative order, subpoena, discovery request, or other lawful purposes, under certain circumstances. We may share psychological information regarding an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

***Public-Health Activities:*** As required by law, we may disclose your psychological information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclosure psychological information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the FDA. We may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk for contracting or spreading a disease or condition.

***Victims of Abuse, Neglect, or Domestic Violence:*** We may disclose psychological information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your psychological information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share psychological information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or who has escaped from legal custody.

***Worker's Compensation:*** We may disclose psychological information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

***Health Oversight Activities:*** We may disclose psychological information to all agencies providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

***Law Enforcement:*** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting



limited information concerning identification and location at the request of a law enforcement official, reports regarding the suspected victims of crimes at the request of law enforcement officials, reporting death, crimes on our premises, and crimes in emergencies.

#### **4. Your Individual Rights**

##### ***You have the right to:***

- a. Review or get copies of your psychological information. You may request access by sending a letter to us. If you request copies, we have the right to charge a \$16.00 copying fee and a \$.60 fee for each page and postage if you want the copies mailed to you.
- b. Receive a list of all the times we or our business associates have shared your psychological information for purposes other than treatment, payment, health care operations and other specified exceptions.
- c. Request that we place additional restrictions on our use or disclosure of your psychological information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- d. Request we communicate with you about your psychological information by different means or to different locations. Your request for us to communicate your psychological information to you by different means or at different locations must be made in writing.
- e. Request that we change your psychological information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

#### **Questions and Complaints**

If you have any questions about this Notice or if you think that we may have violated your privacy rights, please contact us at (410) 560-6135. You may also submit a written complaint to the US Department of Health and Human Services (see address below).

Board of Professional Counselors and Therapists/  
Maryland Board of Examiners of Psychologists/  
Maryland Board of Social Work Examiners  
4201 Patterson Ave., Baltimore, MD 21215  
[www.dhmf.md.gov](http://www.dhmf.md.gov)



## HIPPA Privacy Policy

This Notice described how medical information about you may be used and disclosed and how you can get access to this information.

Core Counseling Services is committed to protecting your information.

You have the right to inspect and receive a copy of your records.

All responses to requests for protected health information will be limited to the minimum amount of information needed to accomplish the purpose of the request or disclosure.

Core Counseling Services may use or disclose individual's protected health information, as defined in the Health Insurance Portability and Accountability Act of 1996, for the purpose of conducting, planning and directing your treatment, making or obtaining payment for care, or otherwise allowed by the Act. We may use or disclose your protected health information for purposes permitted or required by federal, state, or local law, for example, if we are court ordered, or we determined that you are a danger to yourself or others. Also, it is mandatory that we report child abuse. Finally, you may give us permission to release your information.

We do not share your information with anyone for their own marketing purposes. For this reason, we are not required to obtain an "opt-in election", or an "opt-out election".

The Health Insurance Portability and Accountability Act privacy officer will receive questions or complaints with regard to the use and disclosure of protected health information.

My signature below indicates that I have read and received a copy of this privacy policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_