

Notice of Privacy & Information Practices

This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to this information. Please review it carefully.

How is patient privacy protected?

At The Center for Eating Disorders, P.A., we understand that information about you and your health is personal. Because of this, we are committed to maintaining the confidentiality of your health information. We continuously seek to safeguard that information through administrative, physical and technical means, and otherwise abide by applicable federal and state guidelines.

How do we use and disclose health information?

When you visit the Center for Eating Disorders, P.A., a record of the mental health services you receive is created that contains health and financial information. Typically, this record contains information about your condition, the treatment we provided and payment for the treatment. We use and disclose your health information for the normal business activities that the law sees as falling in the categories of treatment, payment and health care operations.

Below we provide examples of those activities, although not every use or disclosure within each category is listed, however, all of the ways we are permitted to use and disclose protected health information will fall within one of these categories:

Treatment – We keep a record of each visit with a psychiatrist, psychologist, social worker, nutritionist or other mental health provider. This record may include your symptoms, examination and test results, diagnoses, medications and your response to medications or other therapies. We disclose this information to those mental health / healthcare personnel who are involved with caring for you. We may also disclose medical information about you to people outside of the Center for Eating Disorders, P.A. who may be involved in your medical care and/or payment for your medical care after you leave the Center for Eating Disorders, P.A., such as family members, others to whom you have been referred to ensure that these individuals have the necessary information to care for, diagnose or treat you. Specially-protected health information such as psychotherapy notes do require **written** authorization from you in order to be disclosed.

Payment – We document the services you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan

about upcoming treatment or services that require prior approval by your health plan. For example, we may need to give your health plan information about your treatment plan with our psychiatrist, psychologist, social worker or nutritionists so your health plan will pay us or reimburse you for the services rendered.

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Health care operations – We may use or disclose, as needed, your PHI in order to support business activities of our practice. These activities include, but are not limited to, quality assessment, employee review, training of staff /medical students, licensing, fundraising, clinical research, conducting and arranging for other business activities and for customer service. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out. We are limited by law from releasing certain categories of health information for purposes of treatment, payment or health care operations. For example, we would not disclose genetic information without your permission.

Special situations

- **Family and friends involved in your care.** We may disclose health information about you to your family members, relative, close friend or any other person you identify. Only information that directly relates to that persons involvement in your healthcare will be shared. If you are unable to agree or object, we may share information, if based on professional judgment that we determine is in your best interest. In addition, in the event of a disaster, we may share PHI related to your status and location with your family and/or organization assisting in disaster relieve efforts.
- **Appointments and services.** We may use PHI to contact you to provide appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you such as clinical research studies, community

outreach programs, etc. Please notify the Privacy Officer in **writing**, at the address below, if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment options or health-related products or services.

- **Business associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as answering service, computer systems support, legal services, etc. At times, it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, these business associates are required to appropriately safeguard the privacy of your information.
- **Workers' compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Deceased patients.** Your health information is protected by HIPAA for 50 years after your death. The law allows the Center for Eating Disorders, P.A. to continue to provide, after your death, protected health information about you to those family and friends you have designated, who were involved either in your care or the payment of care.
- **Research.** We may release your protected health information for certain research purposes without your authorization when such research is approved by an institutional review board with established rules to ensure privacy and with researcher representations that limit the use and disclosure of your information. During the course of treatment your information may be screened to determine your eligibility to participate in ongoing research at the Center for Eating Disorders, P.A. If you volunteer to participate in a research study, the consent form you sign to participate in the research study will inform you of any special uses to be made of your PHI.
- **Marketing.** We must receive your authorization for any use or disclosure of protected health information for marketing purposes. We may not sell your protected health information without your authorization. It is not considered marketing to send you information related to your individual treatment, to direct or recommend alternative treatment, therapies, health care providers or settings of care and clinical research. These may be sent without written permission.
- **Fundraising.** We may use PHI about you to contact you in an effort to raise money for the Center for Eating Disorders, P.A. You have the right to opt out of receiving such fundraising communication by contacting our Privacy Officer in **writing** at 6535 N.

Charles Street; Suite 300, Baltimore, MD 21204. No treatment will in any way be conditioned on any decision you make about fundraising.

Other allowable uses of your health information

We may also use your health information to:

- Comply with federal, state or local laws that require disclosure.
- Assist in public health activities such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas or other processes.
- Inform coroners, medical examiners and funeral directors of information so they may fulfill their duties.
- Avert a serious threat to health or safety.
- Assist in specialized government functions such as national security, intelligence and protective services.
- Inform military and veteran authorities if you are an armed forces member (active or reserve).
- Inform a correctional institution if you are an inmate.
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or health care operations activities relating to quality assessment or licensing.

Other uses of health information

Other uses and disclosures, not previously described, may only be done with your **written** authorization. If you provide the Center for Eating Disorders, P.A. authorization to use or disclose health information about you, you may revoke your authorization, **in writing**, at any time; however, this will not affect prior uses and disclosures.

In some instances, we may need specific, **written** authorization from you in order to use or disclose certain types of specially-protected information, such as psychotherapy notes. Center for Eating Disorders, P.A. will not sell your protected health information without your authorization.

Psychotherapy Notes:

In the course of your care with us, you may receive treatment from a mental health professional that keeps separate notes during the course of your therapy sessions about your conversations. These notes, known as “psychotherapy notes”, are kept apart from the rest of your medical record, and do not include basic information such as your medication treatment record, counseling session start and stop times, the types and frequencies of treatment you receive, or your test results. They also do not include any summary of your diagnosis, condition, treatment plan, symptoms, prognosis, or treatment progress.

Psychotherapy notes may be disclosed by a therapist only after you have given written authorization to do so. (Limited exceptions exist, e.g., in order for your therapist to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records that you may request to review or copy (see discussion of your rights in section listed below). If you have any questions, feel free to discuss this subject with your therapist.

What are the Center for Eating Disorders, P.A. responsibilities?

The Center for Eating Disorders, P.A. is required by law to:

- Maintain the privacy of your health information
- Provide this notice of our duties and privacy practices
- Notify affected individuals following a breach of unsecured protected health information
- Abide by the terms of the notice currently in effect

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and on our public web site. We will also offer you a copy when you receive services.

Your rights regarding health information about you

Although your health record is the property of the Center for Eating Disorders, P.A., the information belongs to you. You have the following rights regarding your health information:

Right to inspect and obtain copies: You have the right to inspect and obtain a copy of certain portions of your health information, including information in an electronic format if we maintain your information in an electronic health record. You must submit your request **in writing** through the Center for Eating Disorders, P.A. Privacy Officer. We may charge you a reasonable cost-based fee for each page copied and postage, if

applicable. We may deny your request to inspect and copy in certain very limited circumstances.

Right to request amendment of your health information: You have the right to request that protected health information that we maintain about you be amended, if you feel the health information we have is incorrect or incomplete. Requests for amending your information must be made **in writing**, signed by you or your representative and must state the reasons for the amendment request. Requests should be made through the Center for Eating Disorders, P.A. Privacy Officer. We are not obligated to make all requested amendments but will give each request careful consideration.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. We may also deny your request if you ask us to amend information when:

- The person who created the information is no longer available to make the amendment
- The information is not part of the record you would be permitted to inspect and copy
- The information is accurate and complete
- If we should deny your amendment request, you have the right to insert in the record a concise statement of the reason you disagree with the record

Right to accounting of disclosures: You have a right to request an accounting of certain disclosures we made of your health information, other than those made for the purposes of treatment, payment or health care operations. To request an accounting of disclosures, you must submit your request **in writing** through the Center for Eating Disorders, P.A. Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to restriction: You have the right to request that we restrict how we use or disclose your health information. You also have the right to request a limit on the medical information we disclose about you for notification purposes to individuals involved in your care or the payment of your care, like a family member or friend. However, we are not required to agree with your requests, unless the request restricts disclosures to a health

plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service you fully pay for out of pocket.

If you choose to restrict any information under these circumstances, you must submit your request **in writing** through the Center for Eating Disorders, P.A. Privacy Officer. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse. You may contact the Privacy Officer to terminate a restriction.

Right to breach notification: In the event that unsecured protected health information is inappropriately disclosed by the Center for Eating Disorders, P.A. or one of our Business Associates, an investigation of the event will be conducted. If it is determined to be a breach of your information, we will fully comply with the HIPAA/HITECH breach notification requirements, which will include written notification to you of the breach and actions the Center for Eating Disorders, P.A. has taken to minimize any impact the breach may or could have on you.

Right to request confidential communications: You have the right to request that we communicate with you at a specific telephone number or address. To request confidential communications, you must make your request **in writing** to the Center for Eating Disorders, P.A. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to paper copy of this notice: You have the right to obtain a paper copy of this notice even if you receive it electronically. To obtain a paper copy of this notice, please contact the Center for Eating Disorders, P.A. Privacy Officer at the number or address below.

What if I have a complaint?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the Center for Eating Disorders, P.A. or the Secretary.

To file a complaint with us or receive more information contact:

Privacy Officer

6535 N. Charles Street; Suite 300
Baltimore, Maryland 21204
410-938-5252

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Avenue, S.W., Washington, D.C. 20201.

Who will abide by this notice?

This Notice applies to all of your health records generated by the Center for Eating Disorders, P.A., P.A., whether made by our personnel or your psychiatrist, psychologist, social worker, nutritionist or other mental health provider.

This notice is effective August 3, 2015 and replaces earlier versions.