



Notice of Privacy Practices for The Body Mind Center (TBMC)

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.

Privacy is a very important concern for all those who come to this office. It is also complicated, because of the many federal and state laws as well as our respective professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, we will be happy to help you understand the procedures and your rights.

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your Protected Health Information (“PHI”) private and to give you this notice about our legal duties and privacy practices. We will obey the rules described in this notice. We will also post the notice of privacy practices in the office where everyone can see them. You or anyone else can also get a copy at any time.

Your health record contains personal information about you and your health. This information about you may identify you and that relates to your past, present, or future physical or mental health condition and/or related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how TBMC may use and disclose your PHI in accordance with applicable law and our professions’ respective *Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

TBMC is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that is maintained at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on the website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

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A. Introduction: To TBMC's Clients

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you 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 Darla Sinclair, LCSW-C (designated Privacy Officer) for more explanations or more details.

B. What We Mean by Your Protected Health Information (PHI)

Each time you visit TBMC or any doctor's office, hospital, clinic, or other health care provider, 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 received from us or from others, or about payment for health care. As stated above, the information collected from you is called "PHI," which stands for "protected health information" and goes into your medical or health care records in my office.

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 other services that we think will best help you.
- Progress notes: each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us,
- Records we 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, and
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

Your PHI is used for many purposes. For example,

- To plan your care and treatment,
- To decide how well the treatments are working for you,
- When you authorize us to talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to TBMC,
- To show that you actually received services from us, which were billed to you or that you billed to your health insurance company,
- For teaching and training other health care professionals,
- For medical or psychological research,

- For public health officials trying to improve health care in this area of the country, and
- To improve the way we do our 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 who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy we can make one for you (but you may be charged for the costs of copying and mailing, if you want it mailed to you). 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 us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. Please let us know if you would like us to explain more about this.

C. How We May Use and Disclose Your PHI

Mainly, your PHI will be used and disclosed for routine purposes to provide for your care; however, the law also says that there are some uses and disclosures that don't need your consent or authorization. More about both of these are explained below. Except in some special circumstances, when we use your PHI in this office or disclose it to others, only the minimum necessary PHI needed for those other people to do their jobs will be given to them. 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 shared. We will not use or disclose medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time in writing. After you have read this notice, you will be asked to sign a separate **HIPPA form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business function called "health care operations." In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent we cannot treat you.

1. The basic uses and disclosures with your consent

a. For treatment

Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services (including but not limited to: doctors, nurses, technicians, medical students, or other people who are taking care of you). This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions.

We 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, we can also share your PHI with them.

b. For payment

We may use and disclose PHI to bill you, your insurance, or others, so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination or eligibility of coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

c. For health care operations

TBMC may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. Using or disclosing your PHI for health care operations can also go beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services provided. We 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 we do, your name and personal information will be removed from what is sent.

d. Other uses and disclosures in health care

- ***Appointment reminders.*** We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want TBMC representatives to call or write to you only at your home or work, or you prefer some other way to reach you, we usually can arrange that. Just tell us.
- ***Treatment alternatives.*** TBMC 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.*** TBMC may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

- **Research.** TBMC may use or share your PHI to do research to improve treatments- for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you sign a special authorization form.
- **Business associates.** TBMC hires other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail bills for services rendered. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with TBMC to safeguard your information.

2. Uses and disclosures that *require* your authorization

If TBMC wants to use your information for any purpose besides those described above, we need your permission on a Release of Information (ROI) form. We don’t expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. TBMC would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

3. Uses and disclosures that *don’t require* your consent or authorization

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit TBMC to disclose information about you without your authorization only in a limited number of situations.

a. Child or Elder Abuse or Neglect. TBMC may disclose your PHI to a state or local agency that is authorized by law to receive reports of child or elder abuse or neglect. Please refer to TBMC’s informed consent notification for specifics regarding statutory limitations on confidentiality.

b. Court Orders, Judicial and Administrative Proceedings. TBMC may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process. If you are involved in a lawsuit or legal proceeding, and TBMC receives a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We 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.

c. Deceased Patients. TBMC may disclose your PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.

d. Medical Emergencies. TBMC may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. We will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

e. Family Involvement in Care. TBMC may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm. For the purposes of this notification: PHI may be given to notify or help a family member, your personal representative or another person responsible for your care. We will share information about our location, your general condition, or death. If you are present, we will get your permission if possible before we share or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, TBMC will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decision in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

f. Health Oversight. If required, TBMC may disclose PHI to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities. Oversight agencies seeking this information include but are not limited to government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

g. Law Enforcement. TBMC may disclose PHI to a law enforcement official as required by law (such as the reporting of certain types of wounds), in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. Under rare circumstances, we may also be asked by law enforcement officials to provide PHI concerning the medical information of an inmate or other person held in their lawful custody or in a correctional institution.

h. Specialized Government Functions. TBMC may review requests from U.S. military command authorities if you are a veteran or are a member of the armed

forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent., mandatory disclosure laws and the need to prevent serious harm. Subject to certain requirements, we may disclose or use PHI for military personnel and veterans, for the purposes of protective services for the President and others, to give to government benefit programs relating to eligibility and enrollment, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits, such as workers' compensation and/or disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

i. Public Health. If required, TBMC may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. We may also disclose your PHI to persons subject to jurisdiction of the Food and Drug Administration (FDA) for purposes or reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities that are required by the FDA.

j. Public Safety. If TBMC comes to believe that there is a serious threat to your health or safety, or that of another person or the public, we may disclose your PHI if necessary to prevent or lessen that serious and imminent threat to the health or safety of you, the person, or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

k. Research. PHI may only be disclosed after a special approval process.

l. Disaster Relief. TBMC may use or disclose your PHI to a public or private organization or person who can legally assist in disaster relief efforts.

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

TBMC can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell, and what information you want us to tell them, about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law. If it is an emergency, and so we cannot ask if you disagree, we can share information if we believe that is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we

will tell you as soon as we can. If you don't approve TBMC will stop, as long as it is not against the law.

5. An accounting of disclosures TBMC has made

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

D. Your Rights Concerning Your Health Information

You have the following rights regarding PHI that TBMC maintains about you. To exercise any of these rights, please submit your request in writing to The Body Mind Center c/o: Darla Sinclair, LCSW-C at 5026 Dorsey Hall Drive, Ste. 205, Ellicott City, Maryland 21042.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. TBMC may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- **Right to Amend.** If you feel that the PHI TBMC has about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.
- **Right to an Accounting of Disclosures.** As stated above, you have the right to request an accounting of certain of the disclosures that TBMC makes of your PHI. You may be charged a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. TBMC is not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for the purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction. In other cases, if we agree to honor your request, we will honor it except when it is against the law, or in an emergency or when the information is necessary to treat you.
- **Right to Request Confidential Communication.** You have the right to request that TBMC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask to be called at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.

- **Breach Notification.** If there is a breach of unsecured PHI concerning you, TBMC may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

E. If You Have Questions, Problems, or a Complaint

If you need more information or have questions about the privacy practices described above, please contact Darla Sinclair, LCSW-C, TBMC's designated Privacy Officer, at the address and/or telephone number listed below. If you have a problem with how your PHI has been handled, or if you believe TBMC has violated your privacy rights, please contact Darla in writing as outlined below. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. TBMC promises we will not retaliate against you for filing a complaint.

The effective date of this Notice is July 2011.

TBMC Privacy Officer:

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