

The Body Mind Center, LLC
Darla Sinclair, LCSW-C, Founder
3545 Ellicott Mills Drive, Suite B-1
Ellicott City, MD 21043
410-530-9538



Notice of Privacy Practices

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.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are 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 the Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website at www.thebodymindcenter.com, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

As a rule, we will disclose no information about you, or the fact that you are our patient, without your written consent. The Body Mind Center’s (TBMC) formal Mental Health Record about you will describe the services provided to you and contain the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. We have listed examples below of how we may use and disclose your PHI. After you have read this notice we will ask you to sign a consent form to let us use and share your information in these ways. **Please note, if you do not consent and sign this form, we cannot treat you or your child.** If you have any questions or concerns about how we may use your PHI, let’s talk about it.

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. This includes consultation with clinical supervisors or other treatment team members. We will disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI 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 of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. 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 the purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support TBMC’s 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.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

POSSIBLE USES & DISCLOSURES OF PHI WITHOUT 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. As a clinical social workers licensed in Maryland and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA. Please note, if you wish to receive mental health services from TBMC, you must sign the attached form indicating that you understand and accept our policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

Child Abuse or Neglect. If we have reason to suspect that a child is abused or neglected, we are required by Maryland law to report the matter immediately to state and/or local agencies that are authorized by law to receive such reports.

Maryland law also requires that instances of childhood abuse that are disclosed by adults must also be reported to the appropriate agencies, even when the alleged perpetrator is deceased. It is TBMC's understanding that such reports are documented but not often investigated. However, it is important to note that we do not have any influence over the agency's response to receiving such a report. In our experience, breaking the silence is often a part of the healing process for adult survivors of childhood abuse and neglect but having state law determine some of that can sometimes feel disempowering and perhaps even frightening. Please know that should you have an issue that falls under these circumstances, we will work together to address any concerns or feelings you may have while also ensuring compliance with state reporting requirements

Elder or Vulnerable Adult Abuse. If we have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, we are required by Maryland law to immediately notify state and/or local agencies that are authorized by law to receive such reports.

Medical Emergencies. We 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.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include 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.

Maryland law requires that licensed social workers report misconduct by other social workers. By policy, TBMC also reserve the right to report misconduct by health care providers of other professions. If you, yourself, are a social worker, the law requires that we take reasonable measures to assist the you in taking remedial action. In cases where you do not address the problem, or in any case in which welfare of a client appears to be in danger, TBMC is required to report the impairment or incompetence to the Board of Social Work Examiners.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process. If we receive a subpoena for records or testimony, we will notify you so you can file a motion to quash (block) the subpoena.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a 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.

Public Health. If required, we 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.

Workers Compensation. If you file a worker's compensation claim, we are required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

Records of Minors. Maryland has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records, except if the parent's authority to consent to health care for the minor has been specifically limited by a court order or a valid separation agreement entered into by the parents of the minor. Other circumstances may also apply, and we will discuss these in detail if we provide services to minors.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Family Involvement in Care. We 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.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, 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.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as 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.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (a) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (b) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (c) disclosures that constitute a sale of PHI; and (d) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS & MY DUTIES REGARDING YOUR PHI

You have the following rights regarding PHI TBMC maintains about you. To exercise any of these rights, please submit your request in writing to TBMC at 3545 Ellicott Mills Drive, Suite B-1, Ellicott City, MD 20143:

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 or if the information is contained in separately maintained psychotherapy notes. 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. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask to amend the information although we are not required to agree to the amendment. If TBMC denies your request for amendment, you have the right to file a statement of disagreement with us. TBMC may prepare a rebuttal to your statement and will provide you with a copy. We may deny your request if you ask us to amend information that: (a) was not created by TBMC; we will add your request to the information record; (b) is not part of the medical information kept by TBMC; (c) is not part of the information which you would be permitted to inspect and copy; (4) is accurate and complete. Please contact TBMC if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you 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. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for 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. To request restrictions, you must make your request in writing, and tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. (For example, you may not want a family member to know that you are being seen at TBMC. Upon your request, we will send your bills to another address. You may also request that we contact you only at work, or that we do not leave voice mail messages.) We will accommodate reasonable requests. We may require information regarding how

payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

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. Changes to this notice: TBMC reserves the right to change our policies and/or change this notice, and to make the changed notice effective for medical information we already have about you as well as information we receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. We will have copies of the current notice available upon request.

COMPLAINTS

If you believe TBMC or one of its employees has violated your privacy rights, you have the right to file a complaint in writing with Darla Sinclair, LCSW-C (TBMC's designated Privacy Officer) at 3545 Ellicott Mills Drive, Suite B-1, Ellicott City, MD 21043 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We are happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or the health information privacy policies herein, please don't hesitate to contact us. **TBMC will not retaliate against you for filing a complaint.**

The effective date of this notice is September 2013.

Privacy Officer:

The Body Mind Center, LLC
Darla Sinclair, LCSW-C
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Ellicott City, MD 21043
(410) 530-9538
darla@thebodymindcenter.com

Secretary of Health and Human Services
200 Independence Avenue
S.W. Washington, D.C. 20201
(202) 619-0257

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Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and been given an opportunity to read a copy of The Body Mind Center LLC.'s Notice of Privacy Practices. The Notice is posted on the web at www.thebodymindcenter.com (under the "Forms" tab) and in TBMC's waiting room. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Darla Sinclair (designated Privacy Officer) at 3545 Ellicott Mills Drive, Suite B-1, Ellicott City, MD 21043 or by calling 410-530-9538. I understand TBMC is required to obtain my signature acknowledging that I have been provided this information prior to my first meeting with TBMC Clinician.

Signature of Client **Date**

OR

Signature or Parent, Guardian or Personal Representative * **Date**

** If you are signing as a personal representative of an individual, please describe below your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

Nature of Legal Authority to Act for This Individual

Client/Parent/Guardian/Personal Representative Refuses to Acknowledge Receipt:

TBMC Employee Name & Credentials **Date**