

## Notice of Privacy Practices

This notice describes how medical information about you/your child may be used and disclosed. Please review it carefully. If you have any questions about this Notice please contact your practitioner at Washington Behavioral Medicine Associates, LLC & The SOAR Program (hereinafter WBMA, LLC).

This Notice of Privacy Practices describes how WBMA, LLC may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your/your child's protected health information. "Protected health information" is information about you/your child, including demographic information, that may identify you/your child and that relates to your/your child's past, present, or future physical/mental health or condition, and related health care services.

WBMA, LLC abides by the terms of this Notice of Privacy Practices. WBMA, LLC may change the terms of this Notice at any time. The new notice will be effective for all protected health information that WBMA, LLC maintains at that time. Upon your request, WBMA, LLC will provide you with any revised Notice of Privacy Practices by placing copies in the waiting room, responding to your call to the office requesting that a revised copy be sent to you in the mail or by your request, at the time of your next appointment.

Under HIPAA law, WBMA, LLC is obligated to protect your/your child's confidentiality in compliance with our professional ethical codes, as well as state and federal laws. HIPAA law governs how WBMA, LLC stores medical records, how information is shared, and what information is shared. The patient or parent/guardian of the patient is the "holder of the privilege." This means that it is your decision if and how we share any confidential information, with the exception of limits of confidentiality outlined below, and within our Office Policies.

### **1. Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health**

### **Information Based Upon Your Written Consent**

You will be asked to sign a consent form. Once you have consented to use and disclosure of your/your child's protected health information for treatment, payment, and health care operations by signing the consent form, WBMA, LLC may use or disclose your protected health information as described in this Notice. Your protected health information may be used and disclosed by WBMA, LLC, office staff at WBMA, LLC, and others outside of WBMA, LLC's office that are involved in your/your child's care and treatment, for the purpose of providing health care services to you/your child. Your/your child's protected health information may also be used and disclosed to pay your/your child's health care bills, and to support the operation of WBMA, LLC's practice.

Following are examples of the types of uses and disclosures of your/your child's protected health care information that WBMA, LLC is permitted to make once you have signed WBMA, LLC's consent form entitled "Consent for Purposes of Treatment, Payment, and Healthcare Operations." These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by WBMA, LLC's office once you have provided consent.

**Treatment:** WBMA, LLC will use and disclose your/your child's protected health information to provide, coordinate, or manage your/your child's health care and any related services. This includes the coordination or management of your/your child's health care with a third party that has already obtained your permission to have access to this protected health information. For example, WBMA, LLC would disclose your/your child's protected health information, as necessary, to another therapist who provides care to the patient. WBMA, LLC will also disclose protected health information to other physicians who may be treating the patient when permission to disclose that protected health information has been granted. For example, your/your child's protected health information may be provided to a physician to whom you/your child have/has been referred to ensure that the physician

has the necessary information to diagnose or treat you/your child.

In addition, WBMA, LLC may disclose your/your child's protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of WBMA, LLC, becomes involved in your/your child's care by providing assistance with your/your child's health care diagnosis or treatment to WBMA, LLC.

The confidentiality of a patient's protected health information that is transmitted by electronic and/or digital technologies, such as by email or cellular telephone, *cannot be guaranteed*.

**Payment:** Your/your child's protected health information will be used, as needed, to obtain payment for your/your child's health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services that WBMA, LLC recommends for you/your child, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you/your child for medical necessity, and undertaking utilization review activities. For example, obtaining approval for outpatient psychotherapy may require that the relevant protected health information be disclosed to the health plan to obtain approval for the treatment. Keep in mind WBMA, LLC is an *out of network provider*.

**Healthcare Operations:** WBMA, LLC may use or disclose, as-needed, your/your child's protected health information in order to support the business activities of WBMA, LLC's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, psychiatry residents and other mental healthcare providers, licensing, and conducting or arranging for other business activities.

For example, WBMA, LLC may disclose your/your child's protected health information to a pharmacy when communicating a prescription order. WBMA, LLC may disclose your protected health information to psychiatry residents. WBMA, LLC may call you/your child by name in the waiting room. WBMA, LLC's practice may use or disclose your/your child's protected health information, as necessary, to contact you (e.g., for appointment

reminders).

WBMA, LLC will share your/your child's protected health information with third party "business associates" that perform various activities (e.g., billing, scheduling, transcription services) for WBMA, LLC's practice. Whenever an arrangement between WBMA, LLC's office and a business associate involves the use or disclosure of you/your child's protected health information, WBMA, LLC will have a written contract that contains terms that will protect the privacy of your/your child's protected health information.

WBMA, LLC may use or disclose your/your child's protected health information to provide you with information about treatment alternatives, or other health-related benefits and services that may be of interest to you. WBMA, LLC may also use and disclose your protected health information for the direct marketing activities of the practice. For example, your name and address may be used to send you new information about WBMA, LLC's practice and the services offered. You may contact WBMA, LLC to request that these materials not be sent to you.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your/your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that WBMA, LLC has already taken an action in reliance on the use or disclosure indicated in the authorization.

When you sign a release form, you are granting WBMA, LLC permission to use and disclose protected health information for the purposes of treatment, payment, and health care operations. This permission does not include psychotherapy notes, psychosocial information (e.g., social history, and previous counseling, and/or psychiatric treatment records), alcohol, and/or drug abuse treatment records, and other privileged categories of information which require a separate authorization. You will need to sign a separate authorization to have protected health information released for any reason other than treatment, payment, or healthcare

operations. This will include release of information for contact with other providers, school staff, or family members beyond parents/legal guardians.

**Other Permitted and Required Uses and Disclosures That May Be Made *With Your Consent, Authorization, or Opportunity to Object***

WBMA, LLC may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your/your child's protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information then WBMA, LLC may, using professional judgment, determine whether the disclosure is in your/your child's best interest. In this case, only the protected health information that is relevant to your/your child's health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, WBMA, LLC may disclose to a member of your family, a relative, a close friend, or any other person you identify, your/your child's protected health information that directly relates to that person's involvement in your/your child's health care. If you are unable to agree or object to such a disclosure, WBMA, LLC may disclose such information as necessary if WBMA, LLC determines that it is in your/your child's best interest based on professional judgment. WBMA, LLC may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your/your child's care or general condition. Finally, WBMA, LLC may use or disclose your/your child's protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family, or other individuals involved in your/your child's health care.

**Emergencies:** WBMA, LLC may use or disclose your/your child's protected health information in an emergency treatment situation. If this happens, WBMA, LLC shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If WBMA, LLC is required by law to treat you/your child, and has attempted to obtain your consent but is unable to obtain your consent,

WBMA, LLC may use or disclose your/your child's protected health information to treat you/your child.

**Communication Barriers:** WBMA, LLC may use and disclose your/your child's protected health information if WBMA, LLC attempts to obtain consent from you, but is unable to do so due to substantial communication barriers and WBMA, LLC determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made *Without Your Consent, Authorization, or Opportunity to Object***

WBMA, LLC may use or disclose your/your child's protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** WBMA, LLC may use or disclose your/your child's protected health information to the extent that the use or disclosure is required by law. You will be notified of any such uses or disclosures.

**Custody:** If a parent with legal or physical custody requests access to the child's records. At times, a court appointed 'best interest attorney' may also have access to your child's record without consent, as may a court appointed evaluator.

**Misconduct:** WBMA, LLC is obligated to report misconduct by a health care provider with our profession. By policy, WBMA, LLC reserves the right to report misconduct by health care providers of other professions. Thus, if you or your child describe unprofessional conduct by another mental health provider, WBMA, LLC is required to help you with the reporting process. If you are a health care provider who has engaged in misconduct, WBMA, LLC is required to make a report to your licensing board. WBMA, LLC will share that you are in treatment at WBMA, LLC if your condition places the public at risk. Your licensing board may have the power to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

**Public Health:** WBMA, LLC may disclose your/your child's protected health information for public health activities and purposes to a public

health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. WBMA, LLC may also disclose your/your child's protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** WBMA, LLC may disclose your/your child's protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:** WBMA, LLC may disclose your/your child's protected health information to a public health authority that is authorized by law to receive reports of child or elderly abuse or neglect. In addition, if WBMA, LLC believes that you/your child or an elderly patient in your care have/has been a victim of abuse, neglect, or domestic violence, WBMA, LLC may disclose your/your child's protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** WBMA, LLC may disclose your/your child's protected health information to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products: to enable product recalls: to make repairs or replacements, or to conduct post marketing surveillance.

**Legal Proceedings:** WBMA, LLC may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process. If you/your child are/is involved in a legal proceeding, and if a request is made for your records, such information is privileged under state law. WBMA, LLC will not release records without your written authorization, or without a judge's court order. If WBMA, LLC receives a subpoena for records or testimony, WBMA, LLC will notify you. You can

then file a motion to block the subpoena. However, WBMA, LLC is required to provide the sealed records to a Clerk of the Court while awaiting the judge's decision. In civil cases, therapy information is not protected in child abuse cases, in cases in which your/your child's mental health is an explicit issue, or in any case in which the judge deems the information to be "necessary for the proper administration of justice."

**Law Enforcement:** WBMA, LLC may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime or suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of WBMA, LLC's practice, and (5) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

**Criminal Activity:** Consistent with applicable federal and state laws, WBMA, LLC may disclose your/your child's protected health information, if WBMA, LLC believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. WBMA, LLC may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, WBMA, LLC may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. WBMA, LLC may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by WBMA, LLC as authorized to comply with workers' compensation

laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, WBMA, LLC must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine compliance with the statutory requirements.

## 2. Your Rights

The following is a statement of your rights with respect to your/your child's protected health information and a brief description of how you may exercise these rights.

### **You have the right to inspect and copy your/your child's protected health information.**

A "designated record set" contains records that WBMA, LLC maintains and uses for making decisions about the patient. Although the patient has a right to inspect and obtain a copy of the protected health information about that patient that is contained in a designated record set (for as long as WBMA, LLC maintains the designated record set), federal law prohibits the inspection or copying of psychotherapy notes. Psychotherapy notes are those recorded, in any form, by a mental health professional. These notes may include documenting or analyzing details of conversations or nonverbal behaviors in individual, group, or family counselling session. These notes are separated from the patient's medical record. The patient record, however, may include medication and its monitoring, session dates and times, modalities of treatment, test results, and summary of diagnosis, mental health status, treatment plan, symptoms, prognosis, and progress. The testing record includes all raw data (which can only be released to a provider trained to interpret it), evaluator notes, and the full testing report.

Specifically, under federal law, you may not inspect or copy the following records: psychotherapy notes; raw testing data; information compiled in reasonable anticipation of or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. If you have questions about access to your/your child's medical record, please contact WBMA, LLC.

### **You have the right to request a restriction of**

### **your/your child's protected health information.**

This means you may ask WBMA, LLC not to use or disclose any part of your/your child's protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your/your child's protected health information not be disclosed to family members or friends who may be involved in your/your child's care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

WBMA, LLC is not required to agree to a restriction that you may request. If WBMA, LLC believes it is in your/your child's best interest to permit use and disclosure of your/your child's protected health information, your/your child's protected health information will not be restricted. If WBMA, LLC does agree to the requested restriction, WBMA, LLC may not use or disclose your/your child's protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with WBMA, LLC. You may request a restriction by stating in writing, the specific restriction requested and to whom you want the restriction to apply. Your written request must be signed, dated and delivered to WBMA, LLC. It will be placed in your/your child's medical record.

### **You may have the right to have WBMA, LLC amend your/your child's protected health information.**

This means you may request an amendment of protected health information about you/your child in a designated record set for as long as WBMA, LLC maintains this information. In certain cases, WBMA, LLC may deny your request for an amendment. If WBMA, LLC denies your request for amendment, you have the right to file a statement of disagreement with WBMA, LLC. WBMA, LLC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact WBMA, LLC to determine if you have questions about amending your/your child's medical record.

### **Changes in federal law may give you the right to receive an accounting of certain disclosures that**

**WBMA, LLC may make, if any, of your/your child's protected health information.** This right applies to disclosures for purposes *other than treatment, payment, or healthcare operations* as

described in this Notice of Privacy Practices. It excludes disclosures WBMA, LLC may have made to you, to family members or friends involved in your/your child's care, or for notification purposes. You may have the right to receive specific information regarding these disclosures that occurred *after April 14, 2003* and possibly earlier. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **3. Complaints**

You may complain to WBMA, LLC or to the Secretary of Health and Human Services, if you believe he has violated your privacy rights. You may file a complaint with us by notifying WBMA, LLC of your complaint. For further information about the complaint process, you may contact WBMA, LLC by phone at (301) 576-6044, or by fax at (301) 576-1645.

If you believe your privacy rights have been violated by a psychologist within The SOAR Program, you

may file a complaint by contacting the Maryland Board of Examiners of Psychologists, 4201 Patterson Ave., Baltimore, MD 21215, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. The contact information for the Secretary of the Department of Health and Human Services is:

Office of Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center  
Suite 3B70  
61 Forsyth St., S.W.  
Atlanta, GA 30303-8909

(404) 562-7886 (phone)  
(404) 562-7881 (fax)  
(404) 331-2867 (TDD)  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

**This Notice becomes effective on December 20, 2019.**