

Reflect In Motion

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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 THIS NOTICE CAREFULLY.

Reflect In Motion is committed to protecting the privacy of your personal health information, which we refer to here as “Protected Health Information” or “PHI.” PHI includes any information about you that identifies or may be used to identify you and that relates to your past, present or future physical or mental health. This notice describes our practices, duties, and rights with respect to protecting such information, as governed by applicable law. It also describes your rights regarding how you may gain access to and control your PHI in our possession.

I am required to follow the privacy practices that are described in this Notice of Privacy Practices for as long as it remains in effect. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, 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

I am permitted, and in some cases required, to use or disclose your PHI for certain purposes and in certain contexts. Other than for those purposes, I must obtain your written authorization to use or disclose your PHI. For example, I need your written authorization to:

- Use or disclose psychotherapy notes (separate from your medical record) for purposes other than your treatment, improving our services, or to defend ourselves if you were to bring an action against us or for other limited purposes;
- Use or disclose your PHI for marketing purposes, other than face-to-face communications or providing a gift of nominal value;
- Sell your PHI to others.

Described below are the purposes and contexts in which I may use or disclose your PHI without your authorization:

When Required by Law. I must disclose your PHI when I am required to do so by law. For example, I must cooperate with the Secretary of the Department of Health and Human Services in the event of an investigation of our PHI-protection practices, which may involve disclosure of PHI.

For Treatment. I may use and disclose your PHI 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. I 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.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity. If

it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose your PHI in order to conduct our business activities including, for example, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. In this context, I may share your PHI with third parties (“business associates”) that perform various services or activities on our behalf (*e.g.*, billing, accounting, legal, typing, data storage) provided I have a written contract with the business associate that requires it to safeguard the privacy and security of your PHI.

For Judicial and Administrative Proceedings. I may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

To Members of Your Family, Friends or Others Involved in Your Care: If you are unable to consent to the disclosure of your PHI, such as in a medical emergency, I may disclose your PHI to a family member, friend, or other person involved in your care to the extent necessary for your health care or payment for your health-care. I will only make such a disclosure if I determine that it is in your best interest.

Health and Safety: I may disclose your PHI if I believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. I also may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Abuse or Neglect of Children, the Elderly, or the Disabled. I must disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of a child or an elderly or disabled adult.

Medical Emergencies. I may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Public Health Activities: I may disclose your PHI to public health authorities or to the federal Food and Drug Administration if necessary to help protect the public health. I also may disclose your PHI to a health oversight agency for oversight activities authorized by law, such as audits, investigations, and inspections.

Law Enforcement: I may disclose some of your PHI under certain circumstances to law enforcement officials. If you were to be in the custody of law enforcement officials, I would have authority to disclose your PHI to such officials for health, safety, security, or related administrative purposes.

For Fundraising: I may use or disclose your PHI for purposes of contacting you to raise funds for Reflect In Motion, so long as I provide you with the right to opt out of receiving such communications.

Military and National Security: If you are a member of the Armed Forces or a foreign military force, I may disclose your PHI for military purposes under certain circumstances. I also may disclose your PHI to authorized federal officials for purposes of lawful intelligence, counterintelligence, and other national security activities.

Death; Organ Donation: In the event of your death, I may disclose your PHI to a coroner, medical examiner, funeral director, or organ, eye, or tissue procurement organization for purposes of their appropriate duties with respect to you.

Research: I may use and disclose your PHI for purposes of research under limited conditions. I may do this if a special privacy review group approves the use or disclosure, or if researchers need to review the PHI to determine if and how certain research should be undertaken. I also could use or disclose your PHI for research following your death, or if I removed from the PHI anything that might possibly identify you other than certain numbers or dates, and then only subject to a special privacy agreement.

Workers' Compensation: I may disclose your PHI as legally authorized to facilitate the provision of workers' compensation or other work-related benefits.

To Medical Committees: I must disclose your PHI to certain medical review committees that license, certify, or discipline providers of medical services.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 15841 Crabbs Branch Way, Rockville, MD 20855:

- **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 could cause serious harm to you. I 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 believe that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with us. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer 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 I make of your PHI. I 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. I am 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, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, I 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 paper copy of this notice upon request.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**