

“Notice of Privacy Practices”

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS
AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED,
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, I will disclose no information about you, or the fact that you are our patient, without your written consent. Our formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, we do not routinely disclose information in such circumstances, so we will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

II. “Limits of Confidentiality”

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality, some required by law. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and accept my 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.

We may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency:** If you are involved in a life-threatening emergency and we cannot ask your permission, we will share information if we believe you would have wanted me to do so, or if we believe it will be helpful to you. This is an extremely rare situation.
- **Child Abuse Reporting:** 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 the Maryland Department of

Social Services.

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- Adult Abuse Reporting: 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 make a report and provide relevant information to the Maryland Department Social Services, Dept. of Aging

- Court Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information unless you provide written authorization or a judge issues a court order. If we receive a subpoena for records or testimony, we will notify you so you (or your attorney) can file a motion to quash (block) the subpoena.

Records may be held by your attorney or Court clerk until the Judge's decision is issued. NOTE: In civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the information to be "necessary for the proper administration of justice." In criminal cases, Maryland has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if we do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

- Serious Threat to Health or Safety: Under Maryland law, if we are engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we are legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, we may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety, such as suicidal threat.

- Mental Health Records: Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission. Our policy

directly parallels the Maryland States Attorney's Office Statement on Mental Health Records. If a summary is requested, a fee will be required prior to release of a summary. An adult's mental health record may be destroyed five years after the last contact with said adult(s) receiving services if the adults exceed the age of 23.

III. Patient's Rights and Provider's Duties:

· Right to Request Restrictions-You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may request that we limit the information we disclose. However, we are not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply.

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· Right to Receive Confidential Communications by Alternative Means and at Alternative Locations — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. 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.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

· Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, I will discuss with you the details of the accounting process

· Right to Inspect and Copy – In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, I may charge a fee for costs of copying and mailing. I may deny your request to inspect and copy in some circumstances. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

· Right to Amend – If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. We may deny your request if you ask me to amend information that: 1) was not created by me; we will add your request to the information record; 2) is not part of the medical information kept by us; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

· Right to a copy of this notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Changes to this notice: we reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date. A new copy will be given to you. We will have copies of the current notice available on request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Consider This, LLC. To do this, you must submit your request in writing to our office at 3739 Wilkens Ave Baltimore MD, 21229. If the issue is not addressed within 90 days, you may also send a written complaint to the Department of Health and Human Services Office for Civil Rights Centralized Case Management Operations 200 Independence Ave., S.W Suite 515F, HHH Building Washington, D.C. 20201 Customer Response Center: (800) 368-1019 Fax: (202) 619-3818 TDD: (800) 537-7697.

Serenity and Sage Counseling, LLC
ACKNOWLEDGEMENT OF RECEIPT OF
PATIENT NOTICE OF PRIVACY PRACTICES

I acknowledge that I read and/or received a copy of the Serenity and Sage Counseling, LLC Patient Notice of Privacy Practices effective January 1, 2021. I consent to accept these policies as a condition of receiving mental health services.

Date: _____ Patient Signature _____

Printed Name _____