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I would like you to know that any information I acquire about you while you are my patient is safeguarded by law regulating mental health information.

Written Authorization

Protected Health Information (PHI) refers to any information in your health records that could identify you. In the event that I'm in the position of disclosing your PHI (i.e., for treatment, payment or other purposes) I will do so with your informed and written authorization. I will also need to obtain your authorization before releasing psychotherapy notes. These are notes I make about our sessions, and they are given a greater degree of protection by law than PHI.

You may revoke authorizations to disclose PHI or psychotherapy notes, provided your revocation is in writing. You may not revoke authorization to the extent that: (1) I have relied on that authorization for treatment; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Authorization

I may use or disclose PHI *without* your consent or authorization in the following circumstances: (a) if I have reason to believe that a child has been subjected to abuse or neglect I must report this belief to the appropriate authorities; (b) if I reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation; (c) if I receive a subpoena from the Maryland Board of Examiners of Psychologists investigating my practice; (d) if you or third parties are being evaluated and the evaluation is court ordered. (however, if you are involved in a court proceeding and a request is made for information about your diagnosis and treatment such information is privileged under state law, and I will not release information without your written authorization or a court order); (e) if you communicate to me a specific threat of imminent harm against another individual, or if I believe that there is a clear imminent risk of physical or mental injury being inflicted against another individual, then I may make disclosures that I believe are necessary to protect that individual from harm; and, (f) if I believe that you present an imminent and serious risk of physical, mental injury or death to yourself, then I may make disclosures I consider necessary to protect you from harm.

You have the right to the following: (a) to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to such restrictions; (b) to request and receive confidential communications of PHI by means we agree on; (c) to inspect or obtain a copy of PHI in my records for as long as the PHI is maintained in the records. I may deny your access to PHI under certain circumstances, but, in some cases, you may have this decision reviewed; (d) to inspect or obtain a copy

of psychotherapy notes, unless I believe the disclosure of the record will be injurious to your health (upon your request I will discuss with you the details of the request, and any reasons I would have for denial); (e) to request an amendment of PHI for as long as the PHI is maintained in the record (I may deny your request, but I will discuss with you the details of the amendment process); (f) to receive an accounting of disclosures of PHI; and, (g) to obtain a paper copy of this notice from me upon request.

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will notify you in writing.

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me to discuss the matter. If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to my attention at the address above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule, and I will not retaliate against you for exercising your right to file a complaint.

If you have any questions about this notice, please do not hesitate to ask me. This notice will go into effect on the date signed below.

Signature _____, Date _____