



For office use

Counselor _____

Notice of Privacy Practices

This Notice describes how personal health information may be used and disclosed, and how you may access your health information. Please review this Notice carefully, and feel free to ask questions.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually-identifiable health information used or disclosed in any form — whether electronically, on paper, or orally — is kept confidential. You have the right to understand and control how your health information is used. HIPAA includes penalties for covered entities that misuse personal health information. We have prepared this summary of how we maintain the privacy of your health information and how we may use and disclose this information.

We may use and disclose your medical records for each of the following purposes:

1. Treatment: providing, coordinating, or managing health care and related services by one or more health care providers. For example, documenting a counseling session.
2. Payment: obtaining reimbursement of services, confirming coverage, billing or collecting payment, and utilization review. For example, sending a bill for your session to your insurance company for payment.
3. Health Care Operations: the business aspects of our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. For example, contacting you regarding appointments, about treatment, or concerning payment issues.

One of the strengths of our practice is that our counseling services are provided under clinical supervision. This supervision may occur individually with our director, Elaine Bain, PhD, LCPC, who is an accredited clinical supervisor, as well as in the context of peer review. The purpose of supervision is to enhance our psychotherapy practices. Information discussed preserves your privacy and confidentiality.

The State of Maryland mandates all counselors to report suspected abuse or neglect of a child or vulnerable adult. Also, if a client intends to inflict imminent physical injury upon a specified person or group (including the client him or herself), our counselors have a duty to protect people in harm's way.

Any other uses of your health information will be made only with your written authorization. You may revoke such authorization in writing. We are required to honor and abide by that written request, except to the extent that we have already taken action relying on your authorization.

If you would like access to your health information, you may submit a request in writing to your therapist who will provide you with any records you require.

A copy of this Notice is available in each of our offices and online: www.baltimorecounselingservices.org.

Acknowledgement and Consent By your signature, you acknowledge you have read this Notice, and you consent to the practices outlined regarding the privacy and confidentiality of your health information.

Signature of Client/Guardian _____ Date: _____