



**BALTIMORE THRIVES,LLC**  
**PERSONAL HEALTH INFORMATION AND PRIVACY**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**This notice describes how psychological and medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your child's protected health information (PHI) for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions.

PHI refers to information in your child's psychological health record that could identify him/her.

Treatment is when I provide, coordinate, or manage your child's psychological health care and other services related to your child's health care. An example of coordinating treatment would be when I consult with another health care provider, such as your child's family physician, psychiatrist, or another psychologist.

Payment is when I obtain reimbursement for your child's health care. Examples of payment are when I disclose your child's psychological PHI to his/her health insurer to obtain reimbursement for his/her care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of psychological health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing psychological information that identifies your child.

"Disclosure" applies to activities outside of my office such as releasing, transferring, or providing access to psychological information about your child to other parties.

"Authorization" is your written permission to disclose your child's psychological PHI. All authorizations to disclose must be on a specific legally required form.

**Other uses and Disclosures Requiring Authorization**

I may use or disclose your child's psychological PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. When I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain written authorization from you before releasing this information.

You may revoke all such authorization to release your child's psychological PHI at any time provided each revocation is in writing. You may not revoke an authorization to the extent that:

1. I have already relied on that authorization prior to your written revocation;
2. If the authorization was a condition of obtaining insurance payment for services.

Please note Maryland law provides the health care insurers the right to contest claims made under their policies.

### **Uses and Disclosures Without Authorization**

I may use or disclose your child's psychological PHI without your consent or authorization in the following circumstances:

**Child Abuse** – If I have reason to believe that any minor child has been subjected to abuse or neglect, I must report this belief to the appropriate authorities.

**Adult or Domestic Abuse** – I may disclose protected health information if I reasonably believe that you or a vulnerable adult are a victim of abuse, neglect, self-neglect, or exploitation.

**Health Oversight Activities** – If I receive a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating my practice, I must disclose any psychological PHI requested by the Board.

**Judicial and Administrative Proceedings** – If your child is involved in a court proceeding and a request is made for information about his/her diagnosis and treatment or the records thereof, such information is privileged (legally protected from disclosure under Maryland state law), and I will not release this information without your written authorization or a court order. The privilege does not apply when your child is being evaluated by a third party when the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety** – If your child communicates to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk or physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that your child presents an imminent, serious risk or physical or mental injury or death to him/herself, I may make disclosures I consider necessary to protect him/her from harm. In the event that your child tells me about a specific threat of imminent harm to him/herself or another individual, I will immediately notify you.

### **Patient's Rights and Registered Psychological Associate Duties**

#### **Patient's Rights**

**Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of your child's psychological PHI.

**Right to Receive Confidential Communications by Alternate Means at Alternate Locations** – You have the right to request and receive confidential communications of your child's psychological PHI by alternate means and at alternate locations. For example, you may not want a family member to know that your child is seeing me for psychotherapy. On your request, I will mail printed information to another address.

Right to Inspect and Copy – You have the right to inspect or obtain a copy or both of your child’s PHI in psychological and billing records used to make decisions about your child as long as the PHI is circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy of your child’s psychological PHI unless I believe that disclosure of the record will be injurious to your child’s psychological health. On your request, I will discuss with you the details of the request and denial process for your child’s psychological PHI.

Right to Amend – You have the right to request an amendment of your child’s psychological PHI as long as my documentation is maintained in the record. On your request, I will discuss with you the details of the amendment process. I may, however, deny your request to amend your child’s psychological PHI.

Right to Accounting – You generally have the right to receive an accounting of disclosures of your child’s psychological PHI. On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to receive a paper copy of information that I have sent to you electronically (e.g. fax, email).

**Registered Psychological Associate Duties**

I am required by law to maintain the privacy of your child’s psychological 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 give you written notice.

If you believe your privacy rights have been violated, you should call the matter to our attention. You have the right to file a written complaint with our office, Baltimore Thrives, LLC or with the Department of Health and Human Services, and/or Office of Civil Rights. They can be reached toll-free at 877-696-6775. We will not retaliate against you for filing a complaint.

**Acknowledgment of Receipt of Notice of Privacy Practice**

I acknowledge that I have reviewed a copy of the Notice of Privacy Practices of Baltimore Thrives, LLC.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian Name (If applicable): \_\_\_\_\_