

WOODS COUNSELING AND THERAPY ASSOCIATES, INC.
Woods Counseling and Therapy Services
"Notice of Privacy Practices"
(HIPPA Act)

Consent to Accept This Office's Confidentiality Policies

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:

Uses and Disclosures of Information Requiring Your Authorization or Consent

As a rule, I will disclose no information about you, or the fact that you are my client, without your written consent. A formal Mental Health Record describes the services provided and contains the dates of sessions, functional status, symptoms and progress, and any psychological testing reports given to the provider by another source or performed in the office. The file may also contain diagnostic and prognostic information, as well as authorized communication with other providers. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. **However, I will not disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationship by signing a 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 in writing. Services will be provided only if you consent to this privacy policy.

Woods Counseling and Therapy Associates operates stiff confidentiality parameters that may exceed what law requires.

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, and some are required by law. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and consent to accept my policies about confidentiality and its limits. I 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 I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you in the process of saving your life. This is an extremely rare situation.
- **Child Abuse Reporting:** If I have a significant reason to suspect that a child is abused or neglected, I am required by Maryland law to report the matter immediately to the Maryland Department of Social Services, Child Protective Services.
- **Adult Abuse Reporting:** If I have significant reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Maryland law to immediately make a report and provide relevant information to the Maryland Dept. of 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 I will not release information unless you provide written authorization or a judge issues a court order! If I receive a subpoena for records or testimony, I will notify you so that you (or your attorney) can file a motion to quash (block) the subpoena and can give reasons why I think your records should be protected from disclosure. Records may be required held by your attorney or Court Clerk until the Judge's decision is issued. NOTE: In civil court cases, therapy information or records are not protected by client-therapist privilege in child abuse cases, in cases in which your mental health is a direct issue and reason for proceedings, or in any case in which the judge deems the information to be "necessary for the proper administration of justice." Protections of privilege may not apply if I 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 I am 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 I believe you have the intent and ability to carry out that threat immediately or imminently, I am 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, I 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.

· **Minor's Consent:** Maryland law "ties the ability of minors to exercise disclosure rights to the minor's capacity under Maryland law to consent to treatment". Specifically, a minor has the same capacity as an adult to consent to treatment for mental health issues. A minor at least 16 years old has the right to consent to treatment for mental or emotional disorders.

· **Records of Minors:** Maryland has a number of laws that limit the confidentiality of the records of minors. Custody agreements, living circumstances and other such scenarios all impinge on confidentiality. The legal limits of confidentiality may be case by case and will be discussed at the onset of our work together. As a rule, if a child is at risk for life or limb, I will report this information to the parent attending the session. Limits to confidentiality in the counseling of children and adolescents will be discussed as needed. Custody arrangements may limit or restrict specific communication concerning the treatment of a child(ren). A child's mental health record is kept on file until the child his age 23.

· **Mental Health Records** "If your medical records relate to a psychiatric or a psychological problem, your doctor or the facility's doctor in charge of the case has the discretion to decide whether or not to release them to you. However, you are entitled to receive a written summary of the records if you make a written request. Even if you can't see your records, another health care provider treating you for the same condition may see and copy them." Our policy directly parallels the Maryland States Attorney's Office statement on Mental Health Records as written above. If a summary is requested, a fee will be require prior to release of a summary. An adult's mental health record may be destroyed five years after the last contact with the said adult(s) receiving services if the adults exceed the age of 23.

III. Client'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 I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am 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 my use, disclosure or both; and 3) to whom you want the limits to apply.

· **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations --** You have the right to request and receive confidential communications of PHI (protected health information) by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your statements or other correspondence to another address. You may also request that I contact you only at work, on your cell phone, or that I do not leave voice mail messages for specific telephone numbers. To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted. If you provide phone numbers and/or email address(es) to me at the outset of our work together or changes to those numbers, it will be assumed that I may contact you via those sources, unless you indicate otherwise. When messages are left on non-secure lines, I will indicate only my name and potential scheduling dates and times. No other information will be stated.

· **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 of \$50 for 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 I have about you is incorrect or incomplete, you may ask me 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. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the information record; 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 me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be posted on the website (www.woodscounseling.com). I 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. To do this, you must submit your request in writing to my office. If the issue is not addressed within 90 days, you have the right to contact the Dept. of Health and Mental Hygiene.

=====

(revision: 06.2010)