

The Snow Psychology Group, LLC

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU (OR YOUR CHILD, IF YOUR CHILD IS THE PATIENT) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU.

We are committed to protecting your privacy and we are required by law to protect the privacy of medical and psychological information that is about you and that identifies you. The medical and psychological information may be about your past, present, or future medical/psychological condition.

Federal regulation, HIPAA (the Health Insurance Portability and Accountability Act of 1996), requires that we provide you with a Notice of Privacy Practices and request a written acknowledgment that you received a copy of the Notice. The Notice describes how we may use and disclose your health information and also describes our legal obligations and your rights concerning this information. We are legally required to follow the terms of this Notice, such that we may only use and disclose medical information in the manner described in the Notice.

We may change the terms of the Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will post the new Notice in the office and we will have copies of the new notice available upon request.

If at any time you have questions about information in this Notice or about the privacy policies, procedures, or practices, please ask your clinician or contact Dr. Selena Snow at 240-676-4206.

I. Definitions

A. Protected Health Information (PHI): Individually identifiable health information becomes Protected Health Information (PHI) when it is transmitted or maintained in any form or medium. More specifically, PHI is information that relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or could reasonably be used to identify the individual.

B. Use and Disclosure: The HIPAA privacy rule defines a “use” as the sharing, employment, application, utilization, examination or analysis of individually identifiable health information within an entity that maintains such information. The privacy rule defines a “disclosure” as the release, transfer, provision or access to, or divulging in any other manner, of information outside the entity holding the information.

II. Uses and Disclosures Requiring Your Authorization

With your consent, we may use and disclose PHI in order to provide healthcare, obtain payment for that healthcare, and for healthcare operations. When PHI is disclosed or used, we will share the minimum amount of information necessary to conduct the activity. For other purposes, an appropriate authorization will be obtained. Such an authorization to release health care information is a written form that is separate from the general consent form and permits only specific disclosures to specific entities. As is indicated on the Authorization Form, you may revoke that

authorization at any time by making a written request to your clinician at The Snow Psychology Group, LLC, except to the extent that action has already been taken in reliance upon it.

We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice, for using or disclosing PHI for marketing purposes (NOTE: The practice does not use your PHI for marketing purposes.), or for using or disclosing PHI in a way that is considered a sale of PHI. (NOTE: The practice does not sell your PHI.)

III. Uses and Disclosures with Neither Consent nor Authorization

There are a number of unusual circumstances in which the privacy rule permits mental health providers to make certain disclosures without consent or authorization, though we will make every effort to discuss it fully with you before taking any action and we will disclose the minimum necessary information. These circumstances may include providing information to: a public health authority; a health oversight agency; a coroner or medical examiner; and the military, Veterans Affairs or another entity for national security purposes. In addition, mental health providers may disclose PHI without consent and authorization for purposes related to: Workers' Compensation Laws; victims of abuse, neglect and domestic violence; an imminent threat to the safety of yourself or others; and other situations as required by law.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and Maryland's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or the Maryland Department of Health and Mental Hygiene), to a coroner or medical examiner for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient Rights

You have certain rights regarding your health information, described below. These rights apply to the health information we keep. You must submit a written request to The Snow Psychology Group, LLC to use any of these rights.

A. Right to Request Special Communications: You have the right to request that we contact you about medical/psychological matters in a certain way or at a certain place. We will follow all reasonable requests. Your request must tell us how you wish to be contacted.

B. Right to Inspect and Copy: You have a right to read or get a copy of your health information, with some exceptions. The laws and standards of our professions require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in your clinician's presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

C. Right to Request Amendment: You have the right to request an amendment of PHI for as long as the PHI is maintained in your medical record. You must provide a written request explaining why the information should be amended. We cannot take out or destroy any information already in your medical record. Your request may be denied under certain circumstances. Your letter will be attached to the information you wanted changed or corrected.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to your request. If we agree, we will follow your request unless the information is needed to provide you with emergency treatment. You must tell us the type of restriction you want and to whom it applies.

E. Right to a Paper Copy of This Notice: You have a right to a paper copy of this Notice of Privacy Practices upon request at any time.

F. Accounting for Disclosures: You generally have the right to receive an accounting of disclosures of PHI for purposes other than treatment, payment, or healthcare operations, excluding disclosures made to you. The accounting for each disclosure must include the date, name and address of the entity receiving the PHI, a brief description of what was disclosed and a brief statement of the purpose of the disclosure or, in place of such a statement, a copy of the patient's written authorization.

G. Right to Restrict Disclosures When You have Paid for your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.

H. Right to be Notified if There is a Breach of Your Unsecured PHI. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine there is low probability that your PHI has been compromised.

I. Right to Opt out of Fundraising Communications. You have a right to decide that you would not like to be included in fundraising communications that we may send out. (NOTE: The practice does not send out fundraising communications.)

J. Questions and Complaints: If you need more information or have further questions about your privacy rights, or are concerned that your privacy rights have been violated, please contact Dr. Selena Snow. She is the designated privacy officer for the practice and can be reached by phone at 240-676-4206. Written requests should be sent to her at: Selena Snow, Ph.D., Montrose Professional Park, 6274 Montrose Rd., Rockville, MD, 20852. You may also file written complaints with the Secretary of the Department of Health and Human Services. No retaliation will be taken against you for filing a complaint.