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**Notice of Mental Health Policies and Practices to Protect the Privacy of Health Information**

This notice describes how mental health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Federal and state law require that I inform you about how I will use your health care information, how I will protect its privacy, your rights to your health care information, and my responsibilities as a health care provider.

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

With your consent to treatment, I may *use* or *disclose* your *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 health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”: *Treatment* is when a therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist; *Payment* is when a therapist obtains reimbursement for your healthcare. Examples are when a therapist discloses your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage; *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples 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 practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. “*Disclosure*” applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties. “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

## **II. Other Uses and Disclosures Requiring Authorization**

As your therapist, I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes made about individual, group, joint, or family counseling sessions, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures without Authorization**

As your therapist, I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If I have reason to believe that a child has been subjected to abuse or neglect, I must, by law, report this belief to the appropriate authorities.
- *Adult Abuse* – If I have reason to believe that a vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation, I must, by law, report this belief to the appropriate authorities.
- *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 PHI requested by the Board.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated 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* – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures believed necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures considered necessary to protect you from harm.

## **IV. Patient’s Rights and Psychologist’s/Therapist’s Duties**

### **Patient’s Rights:**

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family

member to know that you are seeing me. On your request, your bills will be sent to another address.)

- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Administrative and copying charges must be paid in full prior to receiving your records. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect and/or obtain a copy of Psychotherapy Notes unless I believe the disclosure of the record will be injurious to your health. On your request, I will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of 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 obtain a paper copy of the notice upon request.

#### Psychologist's/Therapist's Duties:

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 take your confidentiality seriously and will do everything in my power to maintain the privacy of your psychotherapy. I will maintain your mental health records in a locked filing cabinet to which only I have access and the information entered into your record will be that which is strictly relevant to your psychotherapy treatment. I reserve the right to change the privacy policies and practices described in this notice. I am required to abide by the terms currently in effect. If I revise my policies and procedures, my revised policy will be available to you.

#### V. Questions and Complaints

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 discuss these with me. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me at my office address. All complaints must be in writing. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on June 1, 2003.