

# Olney Counseling Center, LLC

3300 Olney Sandy Spring Rd, Suite 340  
Olney, MD 20832

office@OlneyCounseling.com  
(301)570-7500 Fax (301)570-7504

“Notice of Privacy Practices”

Olney Counseling Center LLC 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, the center and/or therapist will disclose no information about you, or the fact that you are my patient, without your written consent. The formal Mental Health Record describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, The center and/or therapist does not routinely disclose information in such circumstances, and will require your permission in advance, either through your consent at the onset of the relationship (by signing the general 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 the center, the consent expires automatically one year from date signed.

## 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 – some exceptions created voluntarily by the center and/or therapist, [some because of policies in this office/agency], and some required by law. If you wish to receive mental health services from center, you must sign the consent form indicating that you understand and consent to accept the center’s policies about confidentiality and its limits.

The center and/or therapist 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 the center and/or therapist cannot ask your permission, the center and/or therapist will share information if believed you would have wanted the center and/or therapist to do so, or if the center and/or therapist believes it will be helpful to you.
- Child Abuse Reporting: If the center and/or therapist has reason to suspect that a child is abused or neglected, the therapist is required by Maryland law to report the matter immediately to the Maryland Department of Social Services.
- Adult Abuse Reporting: If the center and/or therapist has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, the therapist is required by Maryland law to immediately make a report and provide relevant information to the Maryland Department of Welfare or Social Services.
- Health Oversight: [For licensed psychologists and social workers:] Maryland law requires that the center and/or therapist report misconduct by a mental health care provider of its own profession. By policy, the center and/or therapist also reserve the right to report misconduct by health care providers of other professions. [For Counselors: Maryland law requires that licensed counselors report misconduct by any mental health care provider.] (See licensing board regulations). By law, if you describe unprofessional conduct by another mental health provider of any profession, the therapist is required to explain to you how to make a report to the licensing board. If you are yourself a health care provider, the therapist is required by law to report to your licensing board if the center and/or therapist believes your condition places the public at risk. Maryland Licensing Boards have the power, when necessary, to subpoena relevant records for investigating a complaint of provider incompetence or misconduct.
- 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 the center and/or therapist will not release information unless you provide written authorization or a judge issues a court order. If the center or therapist receives a subpoena for records or testimony, the center will notify you so that you (or your attorney, or therapist) can file a motion to quash (block) the subpoena and can give reasons why the therapist thinks your records should be protected from disclosure. However, while awaiting the judge’s decision, the center and/or therapist is required to place said records in a sealed envelope and provide them to the Clerk of Court. NOTE: In Maryland civil court cases, therapy information or records are not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue (e.g., if you sue someone for mental/emotional damages), or in any case in which the judge deems the information to be “necessary for the proper administration of justice.” In criminal cases, Maryland has no statute granting therapist-patient privilege, although records can sometimes be protected on another basis. Protections of privilege may not apply if the center and/or therapist 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.

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· **Serious Threat to Health or Safety:** Under Maryland law, if the center and/or therapist is engaged in my professional duties and you communicate to the center and/or therapist a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and the center and/or therapist believe you have the intent and ability to carry out that threat immediately or imminently, the center and/or therapist is 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 policy, the center and/or therapist may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, the center and/or therapist can be required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or law enforcement officer, whether you are a minor or an adult.

· **Workers Compensation:** If you file a worker's compensation claim, the center and/or therapist is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

· **Records of Minors:** Maryland has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and CSB evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child. Other circumstances may also apply, and we will discuss these in detail if the center and/or therapist provide services to minors. [Clinician: On this site, also see discussion of minors' confidentiality rights under HIPAA and Maryland law; discussion of how custody agreements might affect divorced parents' right to seek mental health services for their child; and an Adolescent Consent Form, to be signed by minor and parent]

Other uses and disclosures of information not covered by this notice or by the laws that apply to the center and/or therapist will be made only with your written permission.

### III. Patient'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 the center and/or therapist disclose about you to someone who is involved in your care or the payment for your care. If you ask the center and/or therapist to disclose information to another party, you may request that the center and/or therapist limit the information the center and/or therapist disclose. However, the center and/or therapist is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell the center and/or therapist : 1) what information you want to limit; 2) whether you want to limit the center and/or therapist 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 by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing the center and/or therapist. Upon your request, the center and/or therapist will send your bills to another address. You may also request that the center and/or therapist contact you only at work, or that the center and/or therapist do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

· **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, the center and/or therapist 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, the center and/or therapist may charge a fee for costs of copying and mailing. The center and/or therapist may deny your request to inspect and copy in some circumstances. The center and/or therapist 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 the center and/or therapist has about you is incorrect or incomplete, you may ask the center and/or therapist to amend the information. To request an amendment, your request must be made in writing, and submitted to the center and/or therapist. In addition, you must provide a reason that supports your request. The center and/or therapist may deny your request if you ask the center and/or therapist to amend information that: 1) was not created by the center and/or therapist; the center and/or therapist will add your request to the information record; 2) is not part of the medical information kept by the center and/or therapist; 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 the center and/or therapist to give you a copy of this notice at any time. Changes to this notice: the center and/or therapist reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information the center and/or therapist already have about you as well as any information the center and/or therapist receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. The center and/or therapist 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 the center's office manager. You may also send a written complaint to the U.S. Department of Health and Human Services.

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Patient's Acknowledgement of Receipt of Notice of Privacy Practices

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Olney Counseling Center LLC Notice of Privacy Practices.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

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

Printed Name: \_\_\_\_\_

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