

**PLAN of Maryland-D.C., Inc.**  
**604 S. Frederick Ave., Suite 411**  
**Gaithersburg, MD 20877**  
**Tel: 301-740-8444**  
**Fax: 301-740-8455**

## **Notice of Privacy Practices** **For Protected Health Information**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **INTRODUCTION**

Your health record contains private information about you and your health. Information about you that can identify you and that relates to your physical or mental health or related healthcare services is called Protected Health Information. PLAN of Maryland-DC is committed to protecting the confidentiality of the protected health information about the individuals and families we serve. PLAN of Maryland-D.C., Inc. is also required by the Federal Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of protected health information, and is required to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. PLAN of Maryland-D.C., Inc. is required to abide by the terms of the notice which is currently in effect. PLAN of Maryland-D.C., Inc. reserves the right to change the terms of this notice, and to make new notice provisions effective for all protected health information that it maintains. Changes to the notice will be mailed to each PLAN of Maryland-D.C., Inc. member and to each person currently receiving services from PLAN, and will be posted on the PLAN website ([www.planofmd-dc.org](http://www.planofmd-dc.org)).

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

#### **For Treatment**

Your protected health information may be used and disclosed by PLAN of Maryland-D.C., Inc. and its staff for the purpose of providing, coordinating and managing your health care treatment and related services. This includes sharing information between members of the PLAN of Maryland-D.C., Inc. staff, as well as with other treatment providers such as doctors, therapists, counselors, housing, employment, and day treatment providers. .

#### **For Payment**

We may use or share protected healthcare information when doing so is necessary in order for PLAN of Maryland-D.C., Inc. to get paid for the services we provide. An example of payment related disclosure would be sharing information about treatment with family members who are paying for those services. Disclosure of protected health information may also be required if PLAN bills for services to Medicare, Medicaid, or other third party health insurance payers.

#### **For Health Care Operations**

We may use or disclose protected health information in order to support our business activities. For example PLAN of Maryland may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you as part of our efforts to raise funds for the support of PLAN of Maryland-D.C., Inc. We may share your protected health information with third parties who perform business activities for PLAN provided we have a written contract with the business that requires it to maintain the privacy of your personal health information. Information may be shared with volunteers including members of the PLAN of Maryland-D.C., Inc. Board of Directors, volunteers who serve on PLAN committees, and volunteers who perform services for PLAN such as filing. All volunteers who have access to protected health information will be required to sign an agreement which requires them to maintain the confidentiality of the information shared.

#### **Required by Law**

We may be required to make disclosures to the Secretary of the Department of Health and Human Services for the purpose of determining our compliance with the requirements of the Privacy Rule. The Maryland Department of Health and Mental Hygiene and other government regulatory groups may also require disclosure of protected health information.

### **With Written Authorization**

We are required to share protected health information when you instruct us in writing to do so. Other than as specified in this notice, other uses and disclosures will be made only with the individual's written authorization and the individual may revoke that authorization at any time. A revocation of an authorization is effective when it is received by PLAN of Maryland-D.C., Inc.

### **Without Authorization**

Applicable law permits us to disclose protected health information without your authorization when (1) doing so is required by law as in mandatory reporting of child abuse or neglect or for mandatory government audits or investigations; (2) when required to do so under a court order, and (3) when necessary to prevent serious and imminent threat harm to your health or safety or to the health and safety of others.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

### **Right of Access to Inspect and Copy**

You have the right to inspect and copy protected health information as provided by Sec. 164.524.

### **Right to Amend**

You have the right to amend protected health information as provided by Sec. 164.526.

### **Right to an Accounting of Disclosures**

You have a right to receive an accounting of disclosures of protected health information as provided by Sec. 164.528.

### **Right to Request Restrictions on What Can be Disclosed**

You have the right to request restrictions on certain uses and disclosures of protected health information as provided by Sec. 164.522(a). Requested restrictions must be made in writing and sent to the PLAN of Maryland-D.C., Inc. Clinical Director. PLAN of Maryland-D.C., Inc. will consider your request, but is not required to agree to the requested restriction.

### **Right to Receive Confidential Communication.**

You have the right to receive confidential communications of protected health information as provided by Sec. 164.522(b).

### **Right to a Copy of this Notice**

You have a right to receive a copy of this notice. If you have received this notice electronically (via e-mail or from the PLAN of Maryland-D.C., Inc. website) you have the right to obtain a paper copy of this notice.

## **PSYCHOTHERAPY NOTES**

Psychotherapy notes are kept in a separate part of your PLAN record. You may only review and copy psychotherapy notes with your therapist's permission. Psychotherapy notes may be used by your therapist or by other members of the PLAN staff, and for PLAN health care operations. They will not be disclosed to anyone outside of PLAN without your written authorization.

## **COMPLAINTS**

If you feel that your privacy rights have been violated you may file a complaint with PLAN of Maryland-D.C., Inc. by mailing it to the Clinical Director at PLAN of Maryland-D.C., Inc., 604 S. Frederick Avenue, Suite 411, Gaithersburg, MD 20877.

You may also file a complaint with the U.S. Secretary of Health and Human Services.

No individual will be retaliated against for filing a complaint.

## **FOR FURTHER INFORMATION ABOUT THIS NOTICE CONTACT:**

Marla N. Ker, LCSW -C  
Clinical Director  
PLAN of Maryland-D.C., Inc.  
604 S. Frederick Ave., Suite 411  
Gaithersburg, MD 20877  
Tel: 301-740-8444 X 222  
Fax: 301-740-8455  
E-mail: [marla@planofmd-dc.org](mailto:marla@planofmd-dc.org)

**EFFECTIVE DATE** - The provisions of this notice become effective on November 22, 2006.