



ELSPETH BELL, PH.D., LLC

Notice of Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how your health information may be used and disclosed and how you can get access to this information. ***Please review it carefully.***

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

Dr. Bell may *use* or *disclose* your health information in the following ways:

- *Treat You:* Dr. Bell may use your health information and share it with other professionals who are treating you. Example: When Dr. Bell consults with another health care provider, such as your family physician or another therapist.
- *Health Care Operations:* Dr. Bell may use and share your health information to run her practice, improve your care, and contact you when necessary. Example: Dr. Bell will use health information about you to manage your treatment and services.
- *Bill for Your Services:* Dr. Bell may use and share your information to bill and get payment from health plans or other entities. Example: Dr. Bell will give health information about you to your health insurance plan so that it will pay for your services.

II. Uses and Disclosures Without Authorization

Dr. Bell is allowed to or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. Dr. Bell has to meet many conditions in the law before she may share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: Dr. Bell may share health information about you for certain situations such as:

- *Child Abuse* – If there is reason to believe that a child has been subjected to abuse or neglect, Dr. Bell must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – Dr. Bell may disclose protected health information regarding you if there is reason to believe that you are a victim of abuse, neglect, self-neglect, or exploitation.
- *Serious Threat to Health or Safety* – If you communicate a specific threat of imminent harm against another individual or if there is the belief that there is clear, imminent risk of physical or mental injury being inflicted against another individual, Dr. Bell may make disclosures that are believed necessary to protect that individual from harm. If she believes that you present an imminent, serious risk of physical or mental injury or death to yourself, she may make disclosures considered necessary to protect you from harm.

Health Oversight Activities: Dr. Bell will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that Dr. Bell is complying with federal privacy law. If Dr. Bell receives a subpoena from the Maryland Board of Examiners of Psychologists because they are investigating her practice, she must disclose any health information 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 records thereof, such information is privileged under state law, and Dr. Bell will not release such information without your written authorization or a court or administrative order or a subpoena.

Work with a Medical Examiner or Funeral Director: Dr. Bell may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: Dr. Bell may use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- For special government functions such as military, national security, and presidential protective services.

III. Other Uses and Disclosures Requiring Authorization

In any other situation not described in Sections I and II above, Dr. Bell will not use or disclose your information without your written authorization. Example: you may authorize Dr. Bell to share information with your family, close friends, or others involved in your care.

In these cases Dr. Bell will never share your information unless you provide written authorization: marketing purposes, sale of your information, and most sharing of psychotherapy notes.

You may revoke such authorizations for release of your information at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Dr. Bell has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage.

IV. Patient's Rights and Psychologist's Duties

When it comes to your health information, you have certain rights. This section explains your rights and some of Dr. Bell's responsibilities to help you.

Patient's Rights:

- *Right to Request Restrictions* – You may ask Dr. Bell not to use or share certain health information for treatment, payment, or operations. However, Dr. Bell is not required to agree to your request, and she may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask Dr. Bell not to share that information for the purpose of payment or operations with your health insurer. She will say "yes" unless a law requires her to share that information.
- *Right to Request Confidential Communications*– You can ask Dr. Bell to contact you in a specific way (for example, home or office phone) or to send mail to a different address. She will say "yes" to all reasonable requests.
- *Right to an Electronic or Paper Copy of Your Medical Record* – You may ask to see or get an electronic or paper copy of your medical record and other health information Dr. Bell has about you. Dr. Bell will provide a copy or a summary of your health information, usually within twenty-one (21) working days of your request. She may charge a reasonable, cost-based fee. Dr. Bell may deny your access to health information under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy of your medical record unless it is believed the disclosure of the record will be injurious to your health. On your request, Dr. Bell will discuss with you the details of the request and denial process.
- *Right to Amend* – You may ask Dr. Bell to correct health information in your record that you think is incorrect or incomplete. Upon your request Dr. Bell will discuss with you the details of the request process. Dr. Bell may say "no" to your request, but will tell you why in writing within sixty (60) days.
- *Right to a List of Those with Whom Dr. Bell Has Shared Information* – You may ask for a list (accounting) of the times Dr. Bell has shared your health information for six (6) years prior to the date you ask, who she shared it with, and why. Dr. Bell will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked her to make). Dr. Bell will provide one (1) accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.
- *Right to Copy of This Privacy Notice* – You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Dr. Bell will provide you with a paper copy promptly.
- *Right to Choose Someone to Act for You* - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Dr. Bell will make sure the person has this authority and can act for you before she takes any action.

Psychologist's Duties:

- Dr. Bell is required by law to maintain the privacy and security of your protected health information.
- Dr. Bell will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Dr. Bell must follow the duties and privacy practices described in this notice and give you a copy of it.

- Dr. Bell will not use or share your information other than as described here unless you tell her she can in writing. If you tell Dr. Bell she can, you may change your mind at any time. Let Dr. Bell know in writing if you change your mind.
- Dr. Bell reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, Dr. Bell is required to abide by the terms currently in effect.
- If the policies and procedures are revised, the new notice will be available upon request, in Dr. Bell's office, and on Dr. Bell's website.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

V. Complaints

If you are concerned that Dr. Bell has violated your privacy rights, you may contact:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1 (877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

Dr. Bell will not retaliate against you for filing a complaint.

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

This notice will go into effect on September 1, 2014.

- Dr. Bell may change the terms of this notice, and the changes will apply to all information she has about you. The new notice will be available upon request, in her office, and on her web site.
- For further questions, please contact Dr. Elspeth Bell: (410) 480-8052 or ebell@elspethbellphd.com.
- We will never sell your personal information or use your personal information for health research.

VII. Acknowledgement of Receipt of Notice

We will ask you to sign an acknowledgement that you have received this Notice.