

# Loyola Clinical Centers

## NOTICE OF PRIVACY PRACTICES

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

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

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes without your written permission (known as an authorization). To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when we provide, coordinate, or manage your health care and other services related to your health care. An example of when we use PHI for your treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
- “Payment” is when we obtain reimbursement for your healthcare. Examples of when we use PHI for payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- “Health Care Operations” are activities that relate to the performance and operation of our practice. Examples of when we use PHI for health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” means sharing PHI within the LCC clinics.
- “Disclosure” means sharing PHI outside of the LCC clinics.

### II. Uses and Disclosures without Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If we have reason to believe that a child has been subjected to abuse or neglect, we must report this belief to the appropriate authorities.
- Vulnerable Adult (including Vulnerable Elderly) Abuse – If we have reason to believe that a vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation, we must report this belief to the appropriate authorities.
- Health Oversight Activities – If we receive a subpoena from the Maryland Board of Examiners of Psychologists or the U.S. Department for Health and Human Services Office for Civil Rights because they are investigating our practice, we must disclose any PHI requested by them.

- 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 we will not release information without your written authorization or a court order. The privilege does not apply when the evaluation is court ordered. You will be informed in advance in such cases.
- Serious Threat to Health or Safety – If you communicate a specific threat of imminent harm against another individual, or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.
- Research – Our practice may use and disclose PHI for research or grant writing purposes. Personal data will be adequately encoded to ensure your privacy and anonymity.
- For other purposes as required or permitted by law.

### III. Other Uses and Disclosures Requiring Authorization

We may use or disclose your PHI for purposes outside of treatment, payment, or health care operations or in the scenarios described in section II above only when we have obtained your written Authorization. An Authorization is your written permission to disclose PHI. All Authorizations to disclose your PHI must be on a specific legally required form. Use or disclosures for which an authorization is required include:

1. Psychotherapy Notes. We must obtain an authorization for any use or disclosure of your psychotherapy notes except as required by law or to carry out the following treatment, payment or health care operations:
  - a. Use by the originator of the psychotherapy notes for treatment;
  - b. Use or disclosure by LCC for our own training programs in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
  - c. Use or disclosure by LCC to defend itself in a legal action or other proceeding brought by you.
2. Marketing. We must obtain an authorization for any use or disclosure of protected health information for marketing purposes except if the communication is in the form of a face to face communication made by LCC or an LCC staff member to you, or a promotion gift of minimal or nominal value provided to you by LCC.
3. Sale of Protected Health Information. LCC must obtain an authorization for any disclosure of protected health information which would amount to a sale of protected health information.
4. We may use certain information to contact you in the future to raise money for Loyola University of Maryland. The money raised will be used to expand and improve the services and programs we provide the community. You have a right to opt-out of receiving such communications.

You may revoke all such authorizations at any time by providing written notice to LCC. We will discontinue use or disclosure of your PHI as soon as we receive your revocation, but your revocation will not impact uses or disclosure made while your authorization was still in effect.

### IV. Client's Rights and Clinician's Duties

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities with respect to those rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. In general, we are not required to agree to a restriction you request. However, we are required to agree to your request to restrict disclosures of PHI to a health plan if the disclosure is for the purposes of carrying out payment or healthcare operations and the PHI pertains solely to a health care item or service for which you have paid in full.
- 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 being seen at the Loyola Clinical Centers. On your request, we will send your bills to another address.
- Right to Inspect and Copy Your PHI – You have the right to inspect or obtain a copy (or both) of PHI in your medical and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. At your request, we will discuss with you the details of the request and the denial process for PHI.
- Right to Amend – If you believe your PHI is inaccurate or incomplete, you have the right to request an amendment of PHI as long as the PHI is maintained in the records. However, we are not required to grant requests in all circumstances. Contact the LCC Privacy Officer for details on the amendment request process.
- Right to an Accounting – You have the right to request an accounting of disclosures of PHI, which is a list of certain disclosures of PHI that LCC has made in the prior six years. An accounting does not include disclosures made by LCC for treatment, payment, or for health care operations unless required by law, or those made to you or with your written Authorization. Contact the LCC Privacy Officer for details of the accounting request process.
- Right to a Paper Copy – You have the right to obtain a paper copy of this notice from us upon request.

If you want to exercise any of the rights described above, please contact: Rebecca S. Zukowski, Ph.D., RN, Privacy Officer, at 410-617-1200.

#### Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise policies and procedures, we will post notification in the waiting area.
- We are required to notify you following a breach of your unsecured PHI.

## V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact:

Rebecca S. Zukowski, Ph.D., RN, Privacy Officer, at 410-617-1200.

If you believe that your privacy rights have been violated and wish to file a complaint, you may do so by sending your written complaint to Dr. Zukowski at the following address:

Loyola University Maryland  
Loyola Clinical Centers  
5911 York Road, Suite 100  
Baltimore, MD 21212

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or by sending a letter to:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

We will not retaliate against you for exercising your right to file a complaint.

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

This notice will go into effect on September 5, 2017.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will post notice of a revision in our waiting room and provide you with a copy, if requested.