



WENDELL COUNSELING

Notice of Privacy Practices

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.

Privacy is a very important concern for all those who are provided services by Dane Wendell, LCPC. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, I will be happy to help you understand these procedures and your rights.

A. Introduction

This notice will tell you how your medical information is handled. It tells how I use this information, how I share it with other professionals and organizations, and how you can see it. This is important so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

B. What is meant by your medical information

Each time you meet with me, or visit any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from me or from others, or about payment for health care. The information I collect from you is called "PHI," which stands for "protected health information." This information goes into your medical or health care records.

Your PHI is likely to include these kinds of information:

- Your or your child's history: Things that happened to you as a child; your school and work experiences; and other personal history.
- Reasons you or your child sought treatment: problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for problems or symptoms.
- A treatment plan: A description of the treatments and other services that I think will best help you or your child.
- Progress notes: Each time we meet, I document how things are going, what I notice about you or your child, and what you tell me.
- Records I get from others who treated or evaluated you or your child.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing information.

There may also be other kinds of information that go into your health care records. PHI is used for many purposes. For example, I may use it:

- To plan your or your child's care and treatment.
- To decide how well our treatments are working for you or your child.

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- When I talk with other health care professionals who are also treating you or your child.
- To show that you actually received services, which were billed to you.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, and when and why others, should have this information.

C. Privacy and the laws about privacy

I am required to tell you about privacy consistent with a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new notice of privacy practices in my office where everyone can see. You or anyone else can also get a copy from me at any time.

D. How your protected health information can be used and shared

1. Uses and disclosures with your consent

After you have read this notice, you will be asked to sign a separate consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations." In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent, I cannot treat you.

- a. For treatment. I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services. I may share your PHI with others who provide treatment to you. I am likely to share your information with your personal physician. If you are being treated by other health care professionals, I can share some of your PHI with them, so that the services you receive will work best together. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them.
- b. For payment. I may use your information to bill you so I can be paid for the treatments I provide to you.

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- c. For health care operations. Using or disclosing your PHI for health care operations goes beyond my care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.
 - d. Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that.
 - e. Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.
 - f. Other benefits and services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
 - g. Research. I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster, or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form.
 - h. Business associates. I may hire other businesses to do some jobs for me. In the law, they would be called my “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they will have agreed in their contract with me to safeguard your information.
2. Uses and disclosures that require your authorization
If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information we have already disclosed or used with your permission.
3. Uses and disclosures that don't require your consent or authorization
The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.



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- a. When required by law. There are some federal, state, or local laws that require me to disclose PHI, including the following: I have to report suspected child abuse. If you are involved in a lawsuit or legal proceeding and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws.
 - b. For law enforcement purposes. I may release medical information if asked to do so by a law enforcement official, and as authorized or required by law, to investigate a crime or criminal.
 - c. For public health activities. I may disclose some of your PHI to agencies that investigate diseases or injuries.
 - d. Relating to decedents. I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.
 - e. For specific government functions. I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, as authorized or required by law. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons, as authorized or required by law.
 - f. To prevent a serious threat to health or safety. If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.
4. Uses and disclosures where you have an opportunity to object
I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell about your condition or treatment, and what information you want me to tell them. You can tell me what you want, and I will honor your wishes as long as it is not against the law. If it is an emergency, and I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information in an emergency, I will tell you as soon as I can. If you don't approve I will stop, as long as it is not against the law.
5. An accounting of disclosures I have made.
When I disclose your PHI, I may keep records of to whom it was sent, when it was sent, and what was sent. You can get an accounting (a list) of many of these disclosures.

E. Your rights concerning your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, but not at work, to schedule or cancel an appointment.
2. You have the right to ask us to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if I do

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agree, I will honor it, except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you. Contact me to arrange how to see your records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions or corrections to your records, although in some rare situations I don't have to agree to do that. If you have questions, I can explain more about this. You must make this request in writing and state the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice, I will make a copy available to you.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

F. If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me. As stated above, you have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. I promise that I will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or these health information privacy policies, please contact me.

The effective date of this notice is 5/13/2016