

Washington Behavioral Medicine Associates, LLC
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any questions about this Notice please contact your practitioner at Washington Behavioral Medicine Associates, LLC (hereinafter WBMA, LLC).

This Notice of Privacy Practices describes how WBMA, LLC may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

WBMA, LLC abides by the terms of this Notice of Privacy Practices. WBMA, LLC may change the terms of this Notice at any time. The new notice will be effective for all protected health information that WBMA, LLC maintains at that time. Upon your request, WBMA, LLC will provide you with any revised Notice of Privacy Practices by placing copies in the waiting room, responding to your call to the office requesting that a revised copy be sent to you in the mail or if you ask for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, WBMA, LLC may use or disclose your protected health information as described in this Notice. Your protected health information may be used and disclosed by WBMA, LLC, his office staff and others outside of WBMA, LLC's office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of WBMA, LLC's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed WBMA, LLC's consent form entitled "Consent for Purposes of Treatment, Payment, and Healthcare Operations." These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by WBMA, LLC's office once you have provided consent.

Treatment: WBMA, LLC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, WBMA, LLC would disclose your protected health information, as necessary, to another therapist that provides care to the patient. WBMA, LLC will also disclose protected health information to other physicians who may be treating the patient when he has the permission to disclose that protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, WBMA, LLC may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of WBMA, LLC, becomes involved in your care by providing assistance with your health care diagnosis or treatment to WBMA, LLC.

The confidentiality of a patient's protected health information that is transmitted by electronic and/or digital technologies, such as by email or cellular telephone, cannot be guaranteed.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services that WBMA, LLC recommends for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for outpatient psychotherapy may require that the relevant protected health information be disclosed to the health plan to obtain approval for the treatment.

Healthcare Operations: WBMA, LLC may use or disclose as-needed your protected health information in order to support the business activities of WBMA, LLC's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, psychiatry residents and other mental healthcare providers, licensing, and conducting or arranging for other business activities.

For example, WBMA, LLC may disclose your protected health information to a pharmacy when communicating a prescription order. WBMA, LLC may disclose your protected health information to psychiatry residents. WBMA, LLC may call you by name in the waiting room when he is ready to see you. WBMA, LLC's practice may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

WBMA, LLC will share your protected health information with third party "business associates" that perform various activities (e.g., billing, scheduling, transcription services) for WBMA, LLC's practice. Whenever an arrangement between WBMA, LLC's office and a business associate involves the use or disclosure of your protected health information, WBMA, LLC will have a written contract that contains terms that will protect the privacy of your protected health information.

WBMA, LLC may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. WBMA, LLC may also use and disclose your protected health information for the direct marketing activities of his practice. For example, your name and address may be used to send you new information about WBMA, LLC's practice and the services he offers. You may contact WBMA, LLC to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that WBMA, LLC has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made *With Your Consent, Authorization, or Opportunity to Object*

WBMA, LLC may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information then WBMA, LLC may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object. WBMA, LLC may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure. WBMA, LLC may disclose such information as necessary if he determines that it is in your best interest based on his professional judgment. WBMA, LLC may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care or general condition. Finally, WBMA, LLC may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: WBMA, LLC may use or disclose your protected health information in an emergency treatment situation. If this happens, WBMA, LLC shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If WBMA, LLC is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he may use or disclose your protected health information to treat you.

Communication Barriers: WBMA, LLC may use and disclose your protected health information if WBMA, LLC attempts to obtain consent from you but is unable to do so due to substantial communication barriers and he determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made *Without Your Consent, Authorization, or Opportunity to Object*

WBMA, LLC may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: WBMA, LLC may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified of any such uses or disclosures.

Public Health: WBMA, LLC may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. WBMA, LLC may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. **Communicable Diseases:** WBMA, LLC may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: WBMA, LLC may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if WBMA, LLC believes that you have been a victim of abuse, neglect or domestic violence, he may disclose your protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: WBMA, LLC may disclose your protected health information to a person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products: to enable product recalls: to make repairs or replacements, or to conduct post marketing surveillance.

Legal Proceedings: WBMA, LLC may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: WBMA, LLC may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime or suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of WBMA, LLC's practice, and (5) medical emergency (not on the practice's premises) and it is likely that a crime has occurred. **Criminal Activity:** Consistent with applicable federal and state laws, WBMA, LLC may disclose your protected health information, if he believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. WBMA, LLC may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, WBMA, LLC may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. WBMA, LLC may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by WBMA, LLC as authorized to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, WBMA, LLC must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine his compliance with the statutory requirements.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. A "designated record set" contains records that WBMA, LLC maintains and uses for making decisions about the patient. Although the patient has a right to inspect and obtain a copy of the protected health information about that patient that is contained in a designated record set (for as long as WBMA, LLC maintains the designated record set), federal law prohibits the inspection or copying of psychotherapy notes. Specifically, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. If you have questions about access to your medical record, please contact WBMA, LLC.

You have the right to request a restriction of your protected health information. This means you may ask WBMA, LLC not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

WBMA, LLC is not required to agree to a restriction that you may request. If he believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If WBMA, LLC does agree to the requested restriction, he may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with WBMA, LLC. You may request a restriction by stating in writing, the specific restriction requested and to whom you want the restriction to apply. Your written request must be signed, dated and delivered to WBMA, LLC, who will place it in your medical record.

You may have the right to have WBMA, LLC amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as WBMA, LLC maintains this information. In certain cases, WBMA, LLC may deny your request for an amendment. If WBMA, LLC denies your request for amendment, you have the right to file a statement of disagreement with WBMA, LLC and he may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact WBMA, LLC to determine if you have questions about amending your medical record.

Changes in federal law may give you the right to receive an accounting of certain disclosures that WBMA, LLC may make, if any, of your protected health information. This right applies to disclosures for purposes *other than treatment, payment, or healthcare operations* as described in this Notice of Privacy Practices. It excludes disclosures WBMA, LLC may have made to you, to family members or friends involved in your care, or for notification purposes. You may have the right to receive specific information regarding these disclosures that occurred *after April 14, 2003* and possibly earlier. The right to receive this information is subject to certain exceptions, restrictions and limitations.

3. Complaints

You may complain to WBMA, LLC or to the Secretary of Health and Human Services, if you believe he has violated your privacy rights. You may file a complaint with us by notifying WBMA, LLC of your complaint. For further information about the complaint process, you may contact WBMA, LLC by phone at (301) 576-6044, or by fax at (301)576-1645.

This Notice becomes effective on June 30, 2014.