

## MARYLAND NOTICE FORM

### **Notice of Jewish Community Services Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW BEHAVIORAL HEALTH AND OTHER SERVICE INFORMATION ABOUT YOU 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 HEALTHCARE OPERATIONS**

JCS may use or disclose your Protected Health Information (PHI) for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- **“PHI”** refers to information in your health record that could identify you. At JCS, your health record includes information concerning the history, needs assessment and provision of medication, psychotherapy and social services as relevant.

- **“Treatment, Payment, and Health Care Operations”**

**Treatment** is when JCS provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when JCS consults with another health care provider, such as your family physician or another mental health provider.

**Payment** is when JCS obtains reimbursement for your healthcare. Examples of payment are when JCS discloses 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 JCS' practice. Examples of 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”** applies only to activities within JCS such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of JCS, such as releasing, transferring, or providing access to information about you to other parties.
- **“Authorization”** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

## II. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

JCS may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when JCS is asked for information for purposes outside of treatment, payment, or health care operations, JCS will obtain an authorization from you before releasing this information. JCS will also need to obtain authorization before releasing your Psychotherapy Notes. **"Psychotherapy Notes"** are notes your mental health provider may have made about your conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

**You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time,** provided each revocation is in writing. You may not revoke an authorization to the extent that (1) JCS has (already) relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, as the law provides the insurer the right to contest the claim under the policy. JCS will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

## III. USES AND DISCLOSURES WITHOUT AUTHORIZATION

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

- **Child Abuse** – If JCS has reason to believe that a child has been subjected to abuse or neglect, this belief must be reported to the appropriate authorities.
- **Adult and Domestic Abuse** – JCS 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.
- **Health Oversight Activities** – If JCS receives a subpoena from State or Federal regulatory or oversight agencies because of an agency or practice investigation, any PHI requested must be disclosed.
- **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 JCS will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or if the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety** – If you communicate a specific threat of imminent harm against another individual or if your JCS worker believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, JCS may make disclosures that we believe are necessary to protect that individual from harm. If JCS believes 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.

There may be additional disclosures of PHI that JCS is required or permitted by law to disclose without your consent or authorization. These include certain narrowly defined disclosures to law enforcement agencies, to health oversight agencies (such as HHS or a State Department of Health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

#### IV. CLIENT'S RIGHTS AND PROVIDER'S DUTIES

##### CLIENT'S RIGHTS:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of Protected Health Information. However, JCS is not required to agree to a restriction you request.
- **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 JCS. At your request, JCS will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in JCS' service and billing records used to make decisions about you for as long as the PHI is maintained in the record. JCS may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy (or both) of Psychotherapy Notes unless JCS believes the disclosure of the record will be injurious to your health. Upon your request, your provider will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. JCS may deny your request. Upon your request, JCS will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of PHI disclosures. Upon your request, JCS will discuss the details of the accounting process with you.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from JCS upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket** – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for JCS services.

- **Right to Be Notified if There is a Breach of Your Unsecured PHI** – You have a right to be notified if: (a) there is a breach, use or disclosure of your PHI in violation of the HIPAA Privacy Rule; (b) PHI has not been encrypted to government standards; and (c) JCS' risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### **PROVIDER'S DUTIES:**

- JCS is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- JCS reserves the right to change the privacy policies and practices described in this notice. Unless JCS notifies you of such changes, however, JCS is required to abide by the terms currently in effect.
- If JCS revises its policies and procedures, an updated version will be posted at the appropriate Reception desks.

#### **V. QUESTIONS AND COMPLAINTS**

If you have questions about this notice, disagree with a decision JCS makes about access to your records, or have other concerns about your privacy rights, you may contact the JCS Privacy Officer/Executive Director at 410-466-9200.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Jewish Community Services, Inc., c/o Privacy Officer, 5750 Park Heights Avenue, Baltimore, MD 21215.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. JCS will not retaliate against you for exercising your right to file a complaint.

#### **VI. EFFECTIVE DATE, RESTRICTIONS & CHANGES TO PRIVACY POLICY**

***This notice is in effect as of May 1, 2019.*** JCS reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. If JCS revises its policies and procedures, an updated version will be posted at the appropriate Reception desks.