

Gretchen Forbes, LLC
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Gretchen Forbes, LLC is required by law to inform you of how we use your Personal Health Information (PHI) and provide you with a copy of our Privacy Practices. The following information is important, please retain and keep for your records. Much of this information is geared to the medical community and may not apply to you. Our standard practice has always been to not release any information without a written consent from you. Full HIPAA documents are available at: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>.

HIPAA 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.

This notice of privacy practices describes how we may use and disclose your personal health information (PHI) 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.

1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of Gretchen Forbes LLC, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. 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.

Payment: Your PHI will be used as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: Your PHI may be used or disclosed as needed in order to support the business that directly relates to your care. For example, we may use your PHI to contact you to remind you of an appointment or send statements by mail to your home.

2. Electronic Storage and Transfer of Information

Gretchen Forbes LLC uses a number of computer based technologies to manage your information.

Software: Gretchen Forbes LLC uses software based scheduling and billing systems. This means that your PHI is stored on computer hard drives, floppy disks, and CDs. This information is both stored at the office and transported by Gretchen Forbes LLC.

Email and Fax: At times Gretchen Forbes LLC communicates with clients and third party payers by email and fax.

- **Confidentiality statement on our fax cover sheet as follows:**

*The information contained in this communication is **HIGHLY CONFIDENTIAL**. It is intended for the use of the recipient names above, and may be legally privileged. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication, or any of its contents, is strictly prohibited. **Any other use is a violation of Federal Law (HIPAA) and will be reported as such.** If you have received this communication in*

error, please return this communication to the sender and delete the original message and any copy of it from your computer system. Please also contact us by telephone or email immediately.

If Gretchen Forbes LLC were to communicate by email it would be a prearranged agreement between you and our staff using these methods. Your information when emailing us may not be secure. We make every effort to secure this information in the following ways:

- **Our email system is activated by password**
- **We print all emails and then delete them upon receipt**

3. **We may use or disclose your PHI in the following situations without your authorization.**

Your Therapist is ethically bound to guard your confidentiality. As stated no disclosure as to the nature of your treatment will be made without your signed consent. However, the law limits the right of confidentiality under certain conditions. Confidentiality will not be maintained in the following circumstances: child abuse, suicidal or homicidal threat, and criminal or tort issues. Additionally, if you report having sexual relations with a prior therapist I have a legal requirement to report to the local board.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time in writing, except to the extent that Gretchen Forbes LLC has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: The following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. Under Federal Law, however, 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 the law that prohibits access to PHI.

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

Your therapist is not required to agree to a restriction that you may request. If your therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to see another Health Care Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to have your therapist amend your PHI information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and Privacy Practices with respect to PHI. If you have any questions about this form, please call Gretchen Forbes at (443)465-0545.