

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED BY CONVERGENT MENTAL HEALTH AND WELLNESS, LLC, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OVERVIEW: You have some choices in the way that we use and share your information.

You have the right to:

- Get a copy of your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Change your mind at any time (this must be done in writing)

The following sections explain your rights and our responsibilities:

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.



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Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- Contact us with a complaint if you feel we have violated your rights.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

For certain health information, you can tell us your choices about what we share.

- If you have a clear preference for how we share your information in the situations described below, talk to us. In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.



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In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes
- Fundraising

We typically use or share your health information to in the following ways:

- To treat you or seek consultation in treating you
- To share your information with other professionals who are also treating you
- To train or supervise mental health and wellness practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy
- To run our organization
- To improve your care and contact you when necessary (including appointment reminders)
- To bill for your services
- To report suspected abuse, neglect, or domestic violence
- To prevent or reduce a serious threat to anyone's health or safety
- To comply with law
- To share health information with a coroner, medical examiner, or funeral director when an individual dies
- To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- To respond to lawsuits and legal actions
- In response to a court or administrative order, or in response to a subpoena

BY SIGNING BELOW I CONFIRM THAT I READ, UNDERSTAND AND AGREE TO THE PRIVACY POLICIES CONTAINED IN THIS DOCUMENT. MY TYPED SIGNATURE ACTS AS AN EQUIVALENT TO MY WRITTEN SIGNATURE.

Client / Guardian / Representative Signature

Today's Date (MM/DD/YYYY)



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