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## Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

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.**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities as we help you.

#### **Request a Copy of Your Medical Records**

You can ask to see, or get an electronic or paper copy of, your medical record and other health information we have about you. A request can be made in writing with a signed paper copy provided to Thompson Child Therapy. Maryland Law HG, Title 4, Sections 304(a) and 309(a), state that patients will receive a response to their request to records in 21 working days. This overrides Federal Law, which allows for 30 days plus one extension.

We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.

#### **Correct Your Medical Record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Manage How We Contact You**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

#### **Ask Us to Limit What We Use or Share**

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.

#### **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. The list will include: what we shared, 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’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 30 days.

#### **Get a Copy of this Privacy Notice**

You can request (in person or via letter, email or fax) 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 Privacy Rights Have Been Violated**

If you feel that your privacy rights have been violated, you can file a complaint in the following ways:

- Complain if you feel we have violated your rights by contacting us.

- File a complaint with the Maryland Board of Professional Counselors:  
4201 Patterson Avenue  
Baltimore, Maryland 21215-2299  
Phone: 410-764-4732  
Fax: 410-358-1610
- File a complaint with the U.S. Department of Health and Human Services by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

### **Choosing What Information to Share**

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. Tell us what you want us to do, and we will document this and follow your instructions.

In the following cases, we never share your information unless you have given us written permission. In these cases, you have both the right and choice to tell us to:

- Share information with your non-custodial family, close friends, or others involved in your care.
- Use your information in fundraising efforts: Thompson Child Therapy does not solicit fundraising from its clients.
- Include your information in a hospital directory: Thompson Child Therapy does not perform health research, maintain a hospital directory, communicate with organ procurement organizations, or release health information after a client's death.
- Marketing purposes or sale of your information: Thompson Child Therapy will never sell your information or confidential therapeutic artwork nor use it for marketing purposes.
- Most sharing of psychotherapy notes: Thompson Child Therapy does not share psychotherapy notes with third parties without prior permission from the client or parent/guardian of client.

### **Sharing of Information in Emergencies**

- If you are not able to tell us your preference, for example if you are unconscious, we may 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.

### **How Do We Typically Use or Share Your Health Information?**

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

- To treat you. We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury or complaint asks Thompson Child Therapy about your overall mental health condition.
- Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- Bill for your services We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### **How Else Can We Use or Share Your Health Information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Examples of the ways we may be allowed or required to share information are:

- Do research. Thompson Child Therapy does not conduct research.
- Comply with the law. We are required to report suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- If state or federal laws require that we share information, including with the U.S. Department of Health and Human Services to assess compliance with federal privacy law.

- Address law enforcement, and other government requests
- Respond to lawsuits and legal actions
- For workers' compensation claims with your written permission.
- For law enforcement purposes or with a law enforcement official if an active and credible threat to an identifiable intended victim is likely or to prevent suicide, child abuse, elder abuse.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.
- In response to a court or administrative order, or in response to a subpoena.

### **Privacy and Security of Your Information**

We are required by law to maintain the privacy and security of your protected health information. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

### **Adherence to Privacy Policy**

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you've previously told us we can that we can share your information, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **Applicability**

This Notice of Privacy Practices applies to the following organization:  
Megghan Thompson LCPC, RPT-S, DBA: Thompson Child Therapy