

**Metropolitan Counseling Associates, LLC  
4963 Elm Street, Suite 106-108  
Bethesda, MD 20814  
(301)654-7770**

**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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally be kept confidential. This federal law gives you, the client/client's legal guardian, the right to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information. As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**\*\*Without specific written authorization, we are permitted to use and disclose your health records for the purposes of treatment, payment and health care operations.**

**Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment include medication management, individual therapy, group therapy, psychoeducational evaluation, etc.

**Payment** includes such activities as obtaining reimbursement for services, billing and collection activities, credit card processing, etc.

**Health Care Operations** includes the business aspects of running our practice, such as conducting quality assessments and improvement activities, auditing functions, cost-management analysis, and client services. An example would be a periodic assessment of our document protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members who are directly involved in your care. We will release your protected health information under the following circumstances: a) if requested by a law enforcement official for any circumstance required by law; b) to a medical examiner or coroner to identify a deceased individual or to identify the cause of death; c) to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public at large (Under these circumstances, we will only make disclosures to a person or organization able to prevent the occurrence of harm); d) if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities; e) to federal officials for intelligence and national security activities authorized by law; f) to protect the President, other officials foreign heads of state or to conduct investigations; g) to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official (Disclosure for this purpose would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals or the public; h) for workers' compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

BELOW IS A DESCRIPTION OF YOUR RIGHTS WITH REGARD TO YOUR PROTECTED HEALTH INFORMATION. TO EXERCISE THESE RIGHTS YOU MAY PRESENT A WRITTEN REQUEST TO OUR OFFICE AT THE ADDRESS LISTED BELOW:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relative, close personal friends, or other persons identified by you.

The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to access, inspect and copy your protected health information.

The right to request an amendment to your protected health information.

The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the NOTICE OF PRIVACY PRACTICES currently in effect. We reserve the right to change the terms of our NOTICE OF PRIVACY PRACTICES and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our NOTICE OF PRIVACY PRACTICES will be posted on the effective date and you may request a written copy of the revised notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**For more information about our Privacy Practices, please contact:**

**Metropolitan Counseling Associates, LLC  
Attention: Amye Fried, LCSW-C or Rebecca Kullback, LCSW-C  
4963 Elm Street, Suite 106-108  
Bethesda, MD 20814  
(301)654-7770**

**For more information about HIPPA or to file a complaint:**

**The U.S. Department of Health & Human Services  
Office of Civil Rights  
Independence Avenue SW  
Washington, DC 20201  
(877)696-6775 (toll-free)**