



Notice of Privacy Practices (Brief Version),

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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.

Please note: This Notice of Privacy Practices is for the parent or legal guardian of a minor and refers to "your child's" Protected Health Information (PHI). However, if you are a young adult age 16 or older who is able to provide your own consent for assessment, this notice refers to your own PHI. In addition, it should be noted that a child's PHI often contains some PHI regarding his or her parent or legal guardian (e.g., information about family medical history or other personal family history).

My commitment to your privacy

My practice is dedicated to maintaining the privacy of your child's personal health information as part of providing professional care. I am also required by law to keep your child's information private. These laws are complicated, but I must give you this important information. This is a shorter version of the full, legally required notice of privacy practices. Please talk to me about any questions or problems.

How I use and disclose your child's protected health information with your consent

I will use the information that I collect about your child mainly to provide your child with **treatment** (in this case, assessment), to arrange **payment** for my services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice, I will ask you to sign a **consent form** to let me use and share your child's information in these ways. If you do not consent and sign this form, I cannot treat your child. If I want to use, send, share, or release your child's information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

Disclosing your child's health information without your consent

There are some times when the laws require me to use or share your child's information. For example:

1. When there is a serious threat to your child's health, your health, or another person's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
2. When I am required to do so by lawsuits and other legal or court proceedings.



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3. If a law enforcement official requires me to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of my notice of privacy practices.

Your rights regarding your child's health information

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You can ask me to limit what I tell people involved in your child's care or the payment for your child's care, such as family members and friends.
3. You have the right to look at the health information that I have about your child, such as your child's medical and billing records. You can get a copy of these records, but I may charge you for it. Contact me to arrange how to see your child's records. Due to copyright laws and the need to protect the integrity of test materials, you will not be able to receive copies of some information, such as test protocols and record forms.
4. If you believe that the information in your child's records is incorrect or missing something important, you can ask me to make additions to your child's records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons that you want to make the changes.
5. You have the right to a copy of this notice. If I change this notice, I will post the new version on my website, and you can always get a copy of it from me.
6. You have the right to file a complaint if you believe your child's privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care that I provide to your child in any way. Also, you may have other rights that are granted to you by Maryland laws, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or my health information privacy policies, please contact me at (410) 205-6564.

The effective date of this notice is January 1, 2015.