



Liminal Solutions

Psychotherapy and Consulting, LLC

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all those who come to this office and who work here. It is also complicated, because of the many federal and state laws and my professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, I, S. Ileana Lindstrom, PhD, the owner and compliance officer of Liminal Solutions Psychotherapy and Consulting, LLC, 410-699-0093, 818 High Street, Suite # 4, Chestertown, MD 21620-1152, will be happy to help you understand Liminal Solutions' procedures and your rights.

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F. If you have questions or problems.

A. Introduction: To my clients

This notice will tell you how I handle your medical information. It tells how I *use* this information here in this office, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me, S. Ileana Lindstrom, PhD, the compliance officer, for answers or explanations.

B. What I mean by your medical information

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests or treatment you got from us or from others, or about payment for health care. All this information is called "PHI," which stands for "protected health information" which means its privacy must be protected. This information goes into your medical or health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it here:

- To plan your care and treatment.



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- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me. When I do this, I will ask for your consent. Almost always, I will also ask you to sign a release-of-information form (*Authorization to Release Information*), which will explain what information is to be shared and why.
- For teaching and training other health care professionals or for medical or psychological research. If I do this, your name will never be shown, and there will be no way they can find out who you are. Before I do this, I will ask for your consent and ask you to sign an authorization, so that you will know what information will be shared and why.
- To show that you actually received services from me, for which I provided a statement/receipt for you, or may have billed you, or for which you submitted a claim to your health insurance company.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

C. Privacy and the laws about privacy

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. Your privacy is also legally protected by the laws of the State of Maryland: Title 10 Department of Health and Mental Hygiene, Subtitle 36 Board of Examiners of Psychologists Chapter 05 Code of Ethics and Professional Conduct, under the Authority of Health Occupations Article, §1-212, 18-311, and 18-313(7) of the Annotated Code of Maryland. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices.

This form is not legal advice. It is to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new Notice of Privacy Practices in my office where everyone can see. You or anyone else can also get a copy from me, S. Ileana Lindstrom, PhD (the owner and compliance officer for Liminal Solutions Psychotherapy and Consulting, LLC), at any time. It is also posted on my website at www.liminalsolutionspsychotherapy.com I will obey the rules described in this notice.



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D. How your protected health information (PHI) can be used and shared

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the *minimum necessary* PHI needed for those other people to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So now I will tell you more about what I do with your information.

Mainly, I will use it in my office and disclose (share) your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign the *Authorization to Release Information* form. However, the HIPAA law also says that there are some uses and disclosures that do not need your consent or authorization which I will explain below in section 3. However, in most cases I will explain the PHI and who it will go to and ask you to agree to this by signing the *Authorization to Release Information* form.

1. Uses and disclosures with your consent

I need information about you and your condition to provide care to you. In almost all cases, I intend to use your PHI in my office or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations." You have to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before I begin to treat you. If you do not consent to this, I will not treat you because there is a risk of not helping you if I don't have some information.

a. The basic uses and disclosures: For treatment, payment, and health care operations

Here I will tell you more about how your information will be used for these purposes.

For treatment. I use your information to provide you with psychological treatments or services. These might include individual or group therapy, psychological testing, treatment planning, or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. I usually try to share your information with your personal physician, unless you tell me not to. If you are being treated by a team, I can share some of your PHI with the team members, so that these providers will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and follow a treatment plan.

If I want to share your PHI with any other professionals outside this office, I will need your permission on a signed *Authorization to Release Information* form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. Later I will get back their



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findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. I can do this only when you give your permission by signing the *Authorization to Release Information* form. This is so that you will know what information is being shared and with whom. These are some examples so that you can see how I use and disclose your PHI for treatment.

For payment. I may use your information to provide you with a statement/receipt or bill, to complete a claim that you submit to your insurance, or others, so that I can be paid for the treatments I provide to you and so that you can be reimbursed by your health insurance company (if applicable). The health insurance claim form that you may decide to submit to your insurance company may require information about you such as your diagnoses, what treatments you have received, and the changes I expect in your conditions. The claim form may also require information about when we met, your progress, and other similar things. Insurers may also look into my client records to evaluate the completeness of my record keeping.

For health care operations. Using or disclosing your PHI for health care operations goes beyond my care and payment for services. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and all personal information will be removed from what I send.

b. Other uses and disclosures in health care

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

Treatment alternatives. I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

Other benefits and services. I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster. In all cases, your name, address, and other personal information will be removed from the information given to researchers. I will discuss this with you, and I will not use your PHI unless you give your consent on the *Authorization to Release Information* form. If the researchers need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special release-of-information form.

Business associates. I hire other businesses to do some jobs for me. In the law, they are called my “business associates.” One example is an accountant for the financial



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matters of my practice. Business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information just as I do.

2. Uses and disclosures that require your consent

If I want to use your information for any purpose besides those described above, I need your permission on the *Authorization to Release Information* form. I will also obtain an authorization from you before using or disclosing psychotherapy notes. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission.

As a psychologist licensed in this state, and as a member of the Maryland Psychological Association and the American Psychological Association, I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but I will almost always discuss these with you and ask you to sign the *Authorization to Release Information* form so that you are fully informed.

3. Uses and disclosures that don't require your consent or authorization

The HIPAA laws in Section 164.512 of the Privacy Rule and the State of Maryland's confidentiality law let me use and disclose some of your PHI without getting your consent or authorization in some cases. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as the U.S. Department of Health and Human Services or the Maryland Department of Health and Mental Hygiene), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Here are some examples of when I might do this. I will almost always notify you if any of these situations occur.

a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected abuse and/or neglect of children and the abuse, neglect, exploitation, and self-neglect of vulnerable adults--such as vulnerable and dependent elders or disabled adults--to a county or state agency.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after telling you about the request and I will suggest that you talk to your lawyer.



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- I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws, and to organizations that review my work for quality and efficiency.

b. For law enforcement purposes

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

c. For public health activities

I may disclose some of your PHI to agencies that investigate diseases or injuries.

d. For matters relating to deceased persons

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

e. For specific government functions

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to those people who can prevent the danger.

If it is an emergency, and I am unable to get your agreement, I can disclose information if I believe that it is what you would have wanted and if I believe it will help you. When I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law.

4. Uses and disclosures where you have an opportunity to object

I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

5. An accounting of disclosures I have made

When I disclose your PHI, I will keep a record of to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the



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records were sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

E. Your rights about your protected health information

1. You can ask me to communicate with you about your health and related issues 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, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask, and I don't need an explanation. I will not send your information in emails because email is not a secure mode of communication and has some risk that the email content could be read by someone else. I ask that you not email me. By signing the separate consent form (*Starting Our Work Together Booklet: Psychotherapy Services Information and Contract*), you agree to refrain from using email to communicate with me due to the privacy risks entailed with email use. Please note that anything you send me electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward me emails from third parties or others in your life. It is better to print those out and bring them in to our session to discuss them.
2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. You can ask me face to face, and I may then ask for your written permission. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid me directly ("out of pocket") for the treatment or other services and are not asking the insurer to pay for those services.
4. You have the right to look at the PHI I have about you, such as your medical and payment or billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.
5. You can get a copy of these records, but I may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask for an electronic copy of your PHI. Contact me to arrange how to see your records. Generally I do not recommend that you get a copy of your records, because the copy might be seen accidentally by others. I will be happy to review the records with you or provide a summary to you, or work out any other method that satisfies you.
6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records or to include



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your own written statements to correct the situation. You have to make this request in writing and send it to me.

7. You have the right to a copy of this notice. If I change this notice, I will post the new one in the office, and you can always get a copy from me.
8. You have the right to be notified if there is a breach of your unsecured PHI. You have a right to be notified: (a) if there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) if my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
9. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me, S. Ileana Lindstrom, PhD, the owner and compliance officer of Liminal Solutions Psychotherapy and Consulting, LLC. I will do my best to resolve any problems and do as you ask. You have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.
9. I will not in any way limit your care here or take any actions against you if you complain or request changes.

You may have other rights that are granted to you by the laws of our state, 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.

F. If you have questions or problems

If you have any questions or problems about my health information privacy policies, please contact me--S. Ileana Lindstrom, PhD--the owner and compliance officer of Liminal Solutions Psychotherapy and Consulting, LLC, 410-699-0093, 818 High Street, Suite #4, Chestertown, MD 21620-1152.

The effective date of this notice is June 21, 2017.