

Keith T. Foster, Ph.D., Licensed Psychologist

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can access your information. Please review it carefully.

The privacy and protection of your health information is as important to my practice as it is to you. My practice is dedicated to maintaining the privacy of your health information. In providing you with healthcare, I create records about the treatment and services that are provided to you. I am required by the Health Insurance Portability and Accountability Act (HIPAA) to protect and maintain the privacy and confidentiality of health information that is maintained by my practice. In accordance with HIPAA, my practice has developed written policies regarding the use and disclosure of your health information.

As a client of my practice, you are entitled to receive this notice about my privacy practices and how I may use and disclose your health information in different circumstances. This Notice explains how I may use and disclose your health information, the rights you have about how your health information is disclosed and my obligation to protect the privacy of your health information.

When you become a client of my practice you provide me with information about your health. Each time you visit a record of your visit is created. Your health record is the information that I use to plan your care, provide treatment and receive payment for my services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

My Responsibility to You

My practice is required to maintain the privacy of your personal health information and to provide you with this notice about legal duties and privacy practices with respect to your health information. I am also required to accommodate reasonable requests that you make to communicate personal health information by alternative means or alternative locations. Any time I use or disclose your personal health information, I must follow the terms of this Notice.

Uses and Disclosures Of Personal Health Information for Treatment, Payment and Healthcare Operations

After making a good faith effort to provide you with this Notice, I may use your health information to provide you treatment, to obtain payment for your treatment, and for my internal health care operations. I may use and disclose your personal health information in the following situations:

For Treatment – I may use and disclose your personal health information to plan, provide and coordinate your healthcare services.

For Payment – I may use and disclose your personal health information to obtain payment for healthcare services I have provided to you.

For Healthcare Operations – I may use or disclose your protected health information for my healthcare operations. An example would be to perform risk assessments and other administrative tasks to monitor the quality of care that I provide.

I will not use your personal health information for marketing purposes.

I will only send personal health information to other professionals after obtaining your written consent.

I will only send personal health information to other individuals at your request and only after obtaining your written consent.

If disclosure of information is made, a fee may be assessed and the amount of the fee would be in accordance with state law.

Uses and Disclosures Of Personal Health Information With Your Authorization

For uses and disclosures of your personal health information not involving treatment, payment or healthcare operations I will obtain your written authorization prior to using or disclosing such information (unless I am required or permitted by law to disclose or use your information as set below). You have the right to revoke any authorization previously granted but information disclosed while that authorization was in force will, of course, be considered authorized. If you have any questions about written authorizations, please bring address them to Dr. Foster.

Uses and Disclosures Of Personal Health Information Without Your Authorization

I may use and disclose your personal health information without obtaining your authorization in the following situations:

Required by Law. I may use or disclose your personal health information to the extent that I am required by law to do so (such as in response to a subpoena). The use or disclosure of personal health information will only be made in accordance with applicable law.

Health Oversight Activities. Disclosures of personal health information to public health authorities and health oversight agencies that are authorized by law to collect information.

Judicial and Administrative Proceedings. Disclosure of your personal health information in the course of any judicial or administrative hearing, in response to an order of the court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process where I receive satisfactory assurance that appropriated precautions have been taken. To the extent possible, I will take reasonable steps to protect the confidentiality of your personal health information.

Victims of Abuse, Neglect, or Domestic Violence. I may disclose personal health information about an individual whom I reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child or elder abuse, neglect or domestic violence. Any such disclosures will be made in accordance with, and limited to, the requirements of the law.

Health and Safety. I may disclose personal health information to prevent or lessen a serious threat to a person(s) or the public health and safety. In all cases, disclosures will only be made in accordance with applicable law and standards of ethical conduct.

Security Of Your Personal Health Information

Your personal health information is kept securely and confidentially in my office location or, upon completion of your treatment, in an appropriate storage location. Any electronic devices that store your personal health information are password protected. Voicemails or other information stored on my cell phone are password protected. Email correspondence received and/or stored on electronic devices is also protected with the password security. I cannot be responsible for email security outside of that

information stored on devices within my possession. In the event of a breach of the security of your personal health information you would be notified as soon as reasonably possible.

YOUR RIGHTS

Under HIPAA, you have the right to the following:

To Receive A Copy Of This Notice. Upon request, you have the right to receive a paper copy of this notice.

To Receive Further Information. You have the right to contact the Privacy Officer (indicated below) if you would like to receive additional information regarding my privacy practices, your privacy rights, or disagree about a decision that was made about your personal health information, or if you believe your privacy rights have been violated. The Privacy Officer will provide you with the information you need to file a complaint with the appropriate oversight Board or Agency.

To Inspect And Copy Your Personal Health Information. Upon written request, you have the right to access and obtain a copy of your personal health information maintained by my practice, with very limited exception. Please let me know if you need to access and copy your personal health information. Health practitioners have 60 days to respond to your written request. There may be a fee associated with making copies of records. The fee assessed will be in accordance with applicable state laws.

To Amend Your Personal Health Information. You have the right to request that I amend personal health information maintained in your health record. Denial of your request may occur if the request is not in writing and does not include a reason and adequate support for the requested amendment.

To Request An Accounting Of Disclosures. You have the right to request an accounting of certain disclosures made by me of your personal health information. Please note that there is no accounting of disclosures made for purposes of treatment, payment or health operations.

To Request Confidentiality In Certain Communications. You have the right to request to receive written personal health information by alternative means of communication or at alternative locations. For example, you may ask that I contact you at home rather than at work.

To File A Complaint. If you believe that your privacy rights have been violated, you have the right, in addition to filing a complaint with me, to file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the information needed to file your complaint. Under no circumstances will I retaliate against you for filing a complaint with me or the Office of Civil Rights.

Changes to Notice

I reserve the right to change my privacy practices and to alter this Notice according to those changes. In the event that this Notice changes, I will provide you a copy of the revised Notice.

Privacy Officer

Keith T. Foster, 49 Old Solomans Island Road, Suite 200, Annapolis, Maryland 21401.

Effective Date of this Notice: June 1, 2014