

HIPPA NOTICE OF PRIVACY PRACTICES

DJB Therapeutic Solutions

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Request corrections to your medical record
- Request confidential communications (e.g., contact you at a specific phone number)
- Request restrictions on how your information is used or shared
- Get a list of disclosures (who we've shared your information with)
- Get a copy of this notice at any time
- Choose someone to act for you (such as a legal guardian or healthcare proxy)
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

For certain health information, you can tell us your choices about what we share:

- Sharing information with family, friends, or others involved in your care
- Sharing information in emergency situations

We will not share your information without your written permission for:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

OUR USES AND DISCLOSURES

We may use and share your information in the following ways:

1. Treatment

We can use your health information to provide and coordinate your care.

Example: Sharing information with another healthcare provider involved in your treatment.

2. Payment

We can use and disclose your information to bill and receive payment.

Example: Sending information to your insurance company.

3. Health Care Operations

We can use and share your information to run our practice.

Example: Quality improvement or staff supervision.

4. Required by Law

We will share information if required by federal or Maryland law.

SPECIAL PROTECTIONS FOR MENTAL HEALTH (MARYLAND)

In accordance with Maryland law:

- Mental health records are given additional confidentiality protections
- Disclosure may require specific written authorization, except in limited situations
- We may disclose information without consent only when:
 - There is a serious threat to your health or safety or others
 - There is suspected abuse or neglect (as required by law)
 - A court order is issued
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Psychotherapy Notes are kept separate and require specific authorization for most disclosures.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your health information
- Notify you if a breach occurs that may compromise your information

- Follow the duties and privacy practices described in this notice
- Not use or share your information other than as described here unless you tell us we can

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint:

With Us:

DJB Therapeutic Solutions

600 Wyndhurst Avenue Suite 306

443-447-9693

info@djbtherapeuticsolutions.com

Or with the U.S. Department of Health & Human Services:

You can file a complaint online or by mail. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and the revised version will apply to all information we have. The updated notice will be available in our office and upon request.

CONTACT INFORMATION

For questions about this notice or your privacy rights, contact:

DJB Therapeutic Solutions

600 Wyndhurst Avenue

443-447-9693

info@djbtherapeuticsolutions.com