HIPAA

(Health Insurance Portability and Accountability Act)

Notice of Privacy Practices

Confidentiality of Protected Health Care Information

Federal Law requires that The Bergand Group maintain privacy of protected health information about you. We are not allowed to use or disclose it to another person or agency unless we receive written consent or authorization signed by you, or as otherwise permitted by law.

Protected Health Information includes, but is not limited to:

Information, verbal, in writing or another recorded format, that is:

- Created by a health care provider, and
- Relates to past, present or future medical or mental health conditions, or
- Relates to the provision of health care services, or
- Relates to the past, present or future payment of health care services.

The Bergand Group has legal responsibilities with respect to protected health information about you, including the responsibility to inform you of how and when the Bergand Group might use and disclose your protected health information. We must also inform you of your rights and our duties related to your protected health information.

Bergand Group Duties:

1. Confidential Facility
   - The Bergand Group is required to safeguard your protected health information to the best of its abilities.
   - The Bergand Group is required to develop and implement policies and procedures to ensure that your protected health information remains confidential
   - The Bergand Group is required to train its staff in procedures to ensure that your information is kept strictly confidential.
   - The Bergand Group is required to designate a staff person who is responsible for ensuring the protections of health care information and for reviewing the Bergand Group's policies and procedures.
   - The Bergand Group has the responsibility to abide by all of the information contained in this consent form. If The Bergand Group changes any of the information in this consent form we must notify you of any changes.

2. Use And Disclosure Of Protected Health Information

   There are three types of disclosures related to your protected health information: those required by law, those for which we need your written consent and those that do not require your

written consent. The Bergand Group must maintain a written record of all disclosures of your protected health information.

a. Required Disclosures

In some cases The Bergand Group may be required by law or other federal or state regulation to disclose your protected health information. This could include any of the following circumstances:

- Audits by state and federal regulatory and enforcement agencies
- Investigations of complaints by state and federal regulatory and enforcement agencies
- Reporting of communicable diseases as defined by state and federal health statutes

b. Disclosures Requiring Your Consent

For all other situations, Federal law prohibits The Bergand Group from disclosing protected health information without your proper written consent. If The Bergand Group has a need to make any other disclosures of your personal health information we must obtain your written consent to do so. These may include written consent for any of the following activities:

- for purposes of treatment, payment and health care operations
- to communicate with Bergand Group staff and business associates in the coordination of your treatment and health related services
- to communicate with other treatment agencies and service providers regarding your past, present or future treatment needs and experiences
- to communicate with your family and significant others
- to communicate with criminal justice system representatives regarding your case (if applicable)

c. Disclosures that do not require your consent

While we may not necessarily make all the uses and disclosures described below, federal law permits use or disclosure or protected health information without your written consent or authorization under the following circumstances:

- Your protected health information is required by a court order in a specific legal case.
- Your protected health information is necessary to help medical personnel in a medical emergency related to you.
- Your protected health information is used for the purposes of research, audit, or program evaluation.
- If The Bergand Group reasonably believes that you may try to harm yourself or someone else;
- If you are suspected of child abuse or neglect, or
- If you commit, or threaten to commit, a specific crime on premises or against The Bergand Group staff.

d. Record of Disclosures

The Bergand Group will maintain a written record of all disclosures made regarding your personal health information. This record will include the name of the person or group to which the information was disclosed, the type of information disclosed, and the date on which the disclosure was made.

2. Access to Records

The Bergand Group is required, with certain exceptions, to provide you with access to inspect and obtain a copy of health information about you that we maintain in our record system.

3. Need for Authorization

The Bergand Group will not make any uses or disclosures other than those mentioned above without your written authorization in accordance with federal law.

4. Inform Patient of Breech

If The Bergand Group reasonably believes that there has been a breech of your confidentiality, we have an obligation to inform you of the breech including the information that was shared, to whom the information was shared and our plan for corrective action.

Your Rights:

1. Informed Consent

   Federal Law requires that you be informed of your rights in regard to your protected health information and that you authorize the use and disclosure of your protected health information at The Bergand Group

2. Revocation

   You have the right to revoke your consent to disclose your protected health information. You may revoke your authorization either verbally or in writing except under two conditions.

   Your revocation will not be effective if

   (1) we acted relying on the written authorization before it was revoked, or

   (2) if we obtained the authorization as a condition of a court order, probation or parole placement. In these cases, we are authorized to continue to communicate with the identified court officers up to and including your discharge from treatment.

3. Restricted Access

   You have the right to request that restrictions be placed on certain uses and disclosures of your protected health information as permitted by law. To assure that The Bergand Group staff fully understands your wishes with regard to your protected health information you will be asked to consent to specific health information on each consent form. Such a form is attached for your review.

4. Right to Inspect Records

   You have the right to inspect and copy protected health information about you, except for any psychotherapy notes, information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some circumstances. The Bergand Group has developed policies and procedures related to access of your record. If you desire to review a copy of your record you must request access through your primary counselor.

5. Right to Amend

   You have the right to request that we amend protected health information about you maintained in our records. We are permitted to deny your request if we did not create the information in the record. We will review any such request in

accordance with federal law and respond to you in writing. Any such request should be in writing addressed to the Director of The Bergand Group. All requests for amendment should provide necessary details, including your name, address, dates of service and a reason supporting your request for the amendment.

6. Right to an Accounting

   You have the right to receive an accounting from us of disclosures of protected health information about you made for up to the six (6) years prior to your request for the accounting. This right does not apply to: disclosures made to carry out treatment, payment, or health care operations; disclosures made pursuant to an authorization in compliance with federal law; disclosures made for law enforcement purposes; disclosures authorized by law; or disclosures that occurred before April 14, 2003. Any request for an accounting should be sent to the Director of The Bergand Group.

7. Right to be informed of Breech

   You have the right to be informed of any breech of your confidential information within 4 days of the time of the breech or the time when The Bergand Group became aware of the breech, including the information that was shared, to whom the information was shared and our plan for corrective action.

8. Right to Complain/ Grievance Procedure

   If you believe your privacy rights have been violated, you have the right to complain. You can address your complaint, in writing, to any of the following:

   EXECUTIVE DIRECTOR/DIRECTOR OF OPERATIONS
   1300 York Road Building C Suite 100
   Lutherville, MD 21093

Federal law prohibits retaliation against you for filing such a complaint.

I have read and have had explained to me The Bergand Group on the Confidentiality of Protected Health Care Information.

Signature: _____ Date: _____

The Bergand Group, LLC. Witness: _____

Date: _____