

HIPAA NOTICE OF PRIVACY POLICY

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.

You know and trust Stephanie Weiland, LLC. We value your trust. If you have any questions about this notice, please contact Dr. Stephanie Weiland Knarr at 301-490-1011.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand the confidential nature of the information you provide to Stephanie Weiland, LLC. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice, whether made by your mental health care provider or others working in this office. This notice will help you understand how Stephanie Weiland, LLC. may use and disclose certain information you provide us and what rights you have concerning that information. This privacy policy will tell you:

- What information is protected
- How Stephanie Weiland, LLC may use and disclose your protected information and
- Your rights concerning your protected information

Stephanie Weiland, LLC. is required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy policy with respect to health information about you and
- Follow the terms of the notice that are currently in effect.

WHAT INFORMATION IS PROTECTED

Information protected by the privacy policy includes information Stephanie Weiland, LLC. receives or creates that identifies you and concerns:

- Your past, present, or future medical and mental health condition,
- Mental health care that is provided to you, or
- The past, present, or future payment for mental health care provided to you.

HOW WE MAY USE OR DISCLOSE PROTECTED INFORMATION

Stephanie Weiland, LLC. may use or disclose your protected information to provide you with treatment, obtain payment for your treatment, or perform health care operations. The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Some examples of how we may use or disclose your protected information for these reasons are:

Treatment. We may use or disclose your protected information to provide you with effective mental health treatment, provide you with information and counseling regarding your mental health treatment, and communication with other staff and health care professionals to ensure that you receive appropriate treatment.

Payment. We may disclose health information about you so that the treatment and services you receive from us may be billed and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your treatment so that your health plan will pay us or reimburse us for services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Options. We may use your protected information for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective or to compare how we are doing with others to see where we can make improvements. We may remove information that identifies you from this

set of health information so others may use it to study health care delivery without learning who our specific patients are.

Stephanie Weiland, LLC. may also use or disclose your protected information for other reasons. These reasons and some examples of how we may use or disclose your protected information are:

Communications with you. We may use your protected information to contact you. We may contact you to ensure that your treatment is effective or to provide with reminders regarding appointments. Please let us know if you do not wish us to send you information about possible treatments that may be of interest to you or if you wish to have us use a different address to send this information to you.

Law Enforcement. We may disclose your protected information as required by law in response to requests from local, state, or national law enforcement.

Services. We may hire third parties to perform certain services for us. We may disclose your protected information to these parties so that they can perform the services that we have asked them to do. These third parties will be required to protect your information and will not be allowed to use your information for any other purpose other than to provide the services we requested.

Other Circumstances. We may disclose your protected information in certain and special circumstances. Such circumstances include disclosures to agencies authorized by law to collect information for national security and intelligence activities, specialized government functions in the event you are a veteran or are in the military, investigation of a death or identification of a deceased person, review of product quality and safety, or to comply with requirements for worker's compensation programs.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- To report child abuse or neglect;
- To notify the appropriate government authority if we believe a client has been the victim of abuse neglect, or domestic violence. We will make this disclosure if you agree or when required by law.
- To notify appropriate government authority if a client threatens to harm themselves or someone else.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute if efforts have been made to tell you about the request or to obtain and order protecting the information requested.

The examples given above are for illustration only. They may not be all-inclusive. Stephanie Weiland, LLC. may also use or disclose your protected information as otherwise required by law. Stephanie Weiland, LLC. will obtain your written authorization before using or disclosing your protected information for any reason other than those included in this notice. You may revoke your authorization in writing at any time. Upon receipt of your written revocation, we will stop using or disclosing your protected information, except to the extent that we have already taken action in reliance on the authorization.

YOUR RIGHTS

You have certain rights concerning your protected information and this Notice. These rights include:

Notice. You may request a copy of the Notice at any time. To request a paper copy, visit Stephanie Weiland, LLC. or send a written request.

Inspection and copies. If you feel that the protected information we maintain about you is incomplete or incorrect you may request that we amend it. To request an amendment, contact Stephanie Weiland, LLC. We may request that you submit a written request. The request must include the reasons you are requesting the amendment. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you may send us a written statement disagreeing with our denial.

Restrictions on uses and disclosures. You have the right to request additional restrictions on our use or disclosure of your protected information. Your request must be submitted in writing to Stephanie Weiland, LLC. We are not required to agree to any restrictions you request if it is not feasible for us to insure our compliance or believe it will negatively influence the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request in writing to Dr. Stephanie Weiland Knarr. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Accounting of disclosures. You have the right to receive an accounting of the disclosures we have made of your protected information. The accounting will not include disclosure made for treatment, payment or health care operations, disclosures made directly to you, disclosures made to your friends or family members involved in your care, or disclosures authorized by you. The right to receive an accounting of disclosure is subject to certain other exceptions, restrictions, and limitations. To request an account of disclosures, contact Stephanie Weiland, LLC. Stephanie Weiland, LLC may request that you submit your request in writing.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to Dr. Stephanie Weiland Knarr. We will not ask you the reasons for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about the Stephanie Weiland, LLC privacy policy, you may contact Stephanie Weiland, LLC at 301-490-1011. If you believe your privacy rights have been violated, you may file a complaint with Stephanie Weiland, LLC and with the Secretary of Health and Human Services. To file a complaint with Stephanie Weiland, LLC., send your complaint in writing to Dr. Stephanie Weiland Knarr, Stephanie Weiland LLC, P.O. Box Fulton, MD 20759. There will be no retaliation against you for filing a complaint.

REVISIONS TO NOTICE

Stephanie Weiland, LLC. may revise the terms of this Notice and make effective for all of your protected information. If Stephanie Weiland, LLC. makes a material change to this Notice, a new Notice will be posted by Stephanie Weiland, LLC. staff and will be available to you upon request.

EFFECTIVE DATE

This notice is effective as of August 1, 2009

Stephanie Weiland, LLC. is required by law to maintain the privacy of your protected information and to provide you with this Notice. Stephanie Weiland, LLC. is required to comply with the terms of the Notice for so long as it is in effect. We will request that you sign a separate form acknowledging you have received a copy of this Notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.