

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION
PLEASE REVIEW THIS NOTICE CAREFULLY

What is a Notice of Privacy Practice?

This notice is an explanation of the privacy practices adopted by Baltimore Child Abuse Center in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It explains how we will use any of the client's health information in our possession and their rights with regard to that information. Baltimore Child Abuse Center is required to maintain the privacy of our client's personal health information (PHI) and must give you the notice that describes our legal duties and privacy practices with regard to personal health information. In general, when we release health information, we must release only the information we need to achieve the purpose of the use or disclosure. The treatment PHI will be available for release if the parent/guardian/client signs an authorization form. We must follow the privacy practices described in this notice.

Reservation of Right to Change Notice

We reserve the right to change this notice of privacy practices and the privacy practices described. Changes to our privacy practices would apply to all PHI we maintain. If we change our privacy practices, and they affect the information we maintain for this client, you will receive a revised copy.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

With Authorization (The Privacy Practice that you signed)

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Without Authorization

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- For Investigations- Under Maryland Human Services 1-202 law, the forensic information collected is confidential. Baltimore Child Abuse Center has the legal right to share this information with members of the Multidisciplinary team which includes the following agencies: Baltimore Child Abuse Center (BCAC), Baltimore City Police Department, Baltimore City State's Attorney's Office, Baltimore City Department of Social Services, Medical Professionals, as well as requested by other legal agencies and/or local departments of social services or requested or ordered by the court. Therefore, except in accordance with a court order or pursuant to prosecution, these recordings shall be the exclusive property of Baltimore Child Abuse Center, Baltimore City Police Department, Baltimore City's State's Attorney's Office, and Baltimore City Department of Social Services.
- Child Abuse or Neglect- We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- Judicial and Administrative Proceedings- We may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process.
- For Treatment- Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization. Under the law, we must disclose your treatment PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.
- For Payment- In order for Medicaid and/or under the Dept. of Health and Mental Hygiene to pay for services provided, we must provide client's PHI and forensic records.
- For Health Care Operations- We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
- Deceased Patients- We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of

information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PI-II of persons that have been deceased for more than fifty (50) years is not protected under I-IIPAA.

- **Medical Emergencies-** We may use or disclose your PI-II in a medical emergency situation to medical personnel only in order to prevent serious harm.
- **Health Oversight-** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement-** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the repolling of a crime in an emergency, or in connection with a crime on the premises.
- **Public Health-** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- **Public Safety-** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding treatment PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Melanie Kujawa at Baltimore Child Abuse Center, Attn: HIPAA Compliance Officer, 2300 North Charles Street, 4th Floor, Baltimore, Maryland 21218

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. It excludes any and all forensic records. We have the authority to deny requests for forensic records. Your right to inspect and copy PI-II will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Melanie Kujawa, at 410-396-6147. You may send any written correspondence to:

Baltimore Child Abuse Center, Inc.

Attn: HIPAA Compliance Officer
2300 North Charles Street,4th Floor
Baltimore, Maryland 21218

You may also contact the Secretary of the Department of Health and Human Services.

This notice is available on our website at <https://bcaci.org>.