



Notice of Privacy Practices

Welcome to White Marsh Psychiatric Associates, LLC

We are open from 9:00 a.m. to 8:30 p.m. Monday through Thursday, and from 9:00 a.m. to 5 p.m. on Friday (other times available through arrangements with your provider). The Administrative Staff is available from 9:30 a.m. - 6:30 p.m. Monday through Thursday and from 9:00 a. m – 5:00 pm. on Friday. (We do not have phone hours from 12:30-2 p.m. daily (you will receive a return call for a messages left during that time.)

During inclement weather, please call the office for our operating hours or visit our website: www.whitemarshpsych.com

Philosophy

Through respect, caring, education, psychotherapy, and medication management we will work together with you and/or your child. We will help achieve your goals, or develop new ones, to help you cope with your life situation and self-enrichment.

Services

We are a multidisciplinary group of mental health providers. We treat all ages – from children through the geriatric years – providing the following services:

- Psychiatric Evaluation
- Individual Psychotherapy
- Couples and Family Psychotherapy
- Medication Management
- Group Therapy

If you have a medical emergency, please **call 911** or go to your nearest emergency room. For urgent calls for your provider or psychiatrist, please call our main number, 410-931-9280.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

White Marsh Psychiatric Associates, LLC, will protect and keep confidential your personal health information. Information will be released if you sign a consent authorization. We will obtain your consent to disclose your personal health information to carry out health care operations and treatment, and to obtain payment (that is, verifying your benefits with your insurance carrier.) A separate authorization is required for any use or disclosure of psychotherapy notes. In order to protect your privacy, your prescription may be sent with encrypted technology via the internet to your pharmacy.

Your records can be released without your permission under the following circumstances:

- Uses and disclosures required by law for legal proceedings, health oversight activities, or to law enforcement agencies; we are required by law to report victims of abuse, neglect, or domestic violence.
- Uses and disclosures for public health activities
- Uses and disclosures for research purposes
- Uses and disclosures about decedents and for organ, eye, or tissue donation purposes; information to medical examiners and coroners or to tissue or organ donation banks
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures for essential government functions
- Disclosures for workers' compensation as required by law.

We participate in the Chesapeake Regional Information System for our Patients (CRISP), a State-wide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, or other healthcare operation purposes. This allows for better coordination of your overall health care.

You may opt out of CRISP and prevent providers from being able to search for your information through the exchange by completing and submitting an opt-out form to CRISP by mail, fax, or online. The opt-out form is available at www.crisphealth.org or by calling 1-877-952-7477. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

You have a right to review your medical record and to receive an accounting of the disclosures made. Disclosures to insurance companies about payment, treatment, or health care operations are not required in this list of disclosures. You will be charged for photocopying, mailing, and preparing summaries, if those are needed.

You can add an addendum to correct your medical record if necessary. This addendum will be written on our Patient Medical Record Addendum form and will be attached to your original record.

If you have reason to believe your personal health information has been disclosed without protecting your rights under the law, you have the right to file a complaint verbally or in writing, without risk of retaliation, to the Practice Manager, White Marsh Psychiatric Associates, LLC, 5024 Campbell Blvd, Suite H, Baltimore, MD 21236; 410-931-9280.

Final decisions will be given by the White Marsh Psychiatric Associates Privacy Officer. You may contact the Secretary of Health, and Human Services in Washington DC. We have a right to revise our Notice of Privacy Policies. The revisions will be printed for your review.

I have received a copy of White Marsh Psychiatric Associates, LLC Notice of Privacy Practices:

Name of Patient

Date

Name of Parent/Guardian

Date