

**Karoll Counseling, LLC**  
**744 Dulaney Valley Road, Suite 8B**  
**Towson, MD 21204**  
**443-535-3130 (phone)**  
**410.630.3744 (fax)**

## **Notice of Privacy Practices**

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

Your health records contain personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health and related health care services, is referred to as “Protected Health Information” (PHI). This Notice of Privacy Practices describes how your PHI may be used and disclosed in accordance with the applicable law and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Health care professionals are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with regard to your PHI. If at any time, these privacy practices change, you will be notified and provided with a revised notice.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**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. You will be asked to complete a release of information in order to discuss your PHI in non-emergent situations. At times, clinical consultation and supervision may be used by Carolyn Karoll LCSW-C; in these cases all identifying information will be withheld and your identity will remain completely anonymous.

**For Payment:** Your health information may be used or disclosed so that payment can be received for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility of coverage for insurance benefits, processing claim with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, only the minimum amount of PHI necessary for purposes of collection will be disclosed.

**Required by Law:** Under the law, Carolyn Karoll LCSW-C must make disclosures of your PHI to you upon your request. In addition, Carolyn Karoll LCSW-C 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.

**Without Authorization:** Applicable law and ethical standards permit mental health professionals to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or health department).
- Required by Court Order.
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- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of 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 and law enforcement professionals.

**Verbal Permission:** Information may be used or disclosed to family members that are directly involved in your treatment with your verbal permission.

**With Authorization:** Uses and disclosures not specially permitted by application of the law will be made only with your written authorization, which may be revoked.

**YOUR RIGHTS REGARDING YOU PHI**

You have the following right regarding your personal PHI maintained by this practice. To exercise any of these rights, please submit your request in writing to Carolyn Karoll, LCSW-C, 744 Dulaney Valley Road, Suite 8B, Towson, MD, 21204

- **Right to Access to you records:** You have the right to review or request a summary of your record at any time, except in limited legal or emergency circumstances. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. A reasonable cost based fee maybe be charged for printing / copying.
- **Right to Amend:** If you feel that the PHI Carolyn Karoll LCSW-C has about you is incorrect or incomplete, you may ask to amend the information, although it is not required that Carolyn Karoll LCSW-C agree to the amendment.
- **Right to Accounting of Request Restrictions:** You have the right to request a restriction or limitation on the use of disclosure of your PHI for treatment, payment or health care operations, although it is not required that Carolyn Karoll LCSW-C agree to the request.

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**Acknowledgement of Receipt of the Maryland Notice Form**

I acknowledge receipt of the Maryland Notice Form entitled: Notice of Privacy Practices.

Written acknowledgment of this notice is mandated by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Signature: \_\_\_\_\_

Signature of Parent/Guardian if Minor: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_