



Notice of Privacy Practices

These are the policies and practices of Tia Marie D. Brumsted, LCSW-C, LICSW (doing business as 'Centered Self') to protect the privacy of your health information. This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This section explains **your rights** and some of our responsibilities to help you.

<p>Get an electronic or paper copy of your treatment record</p>	<ul style="list-style-type: none"> • You can ask to see or get an electronic or paper copy of your treatment record (treatment plan and summary of progress towards goals) and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your treatment record</p>	<ul style="list-style-type: none"> • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer (if applicable). We will say "yes" unless a law requires us to share that information.

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<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on the back page. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.



For certain health information, you can tell us **your choices** about what we share.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care. • Share information in a disaster relief situation. <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • Most sharing of psychotherapy notes • Marketing purposes • Sale of your information

We typically **use or share your health information** in the following ways.

<p>Treat you or your child</p>	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. <p><i>Example: You provide written consent for us to discuss you or your child's treatment progress with a primary care physician or other provider, such as a psychiatrist.</i></p>
<p>Run our practice</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. <p>Examples: Your therapist routinely reviews and updates your treatment plan. Or, your primary therapist takes a leave of absence and shares your treatment plan with a contracted therapist to support your continued care.</p>



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<p>Bill for your services (if applicable)</p>	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans or other entities. <p><i>Example: If applicable, we give information about you to your health insurance plan so it will pay for your services.</i></p>
<p>Respond to lawsuits and legal actions</p>	<p>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</p>

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to Tia Marie D. Brumsted, LCSW-C, LICSW (doing business as 'Centered Self'). Licensed for psycho-therapeutic practice in the District of Columbia and Maryland.