



Shine Behavioral Health, LLC

539 Benfield Road, Suite 2, Severna Park, MD 21146

Ph: (410) 513-4513 Fax: (989) 217-5103

HIPAA Notice of Privacy Practices

Effective date: 1/1/2020

If you have questions about this notice, please send an email to contact@ShineMaryland.com or call (410)-513-4513. Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have additional questions about how your Protected Health Information (PHI) is used, please do not hesitate to contact Shine Behavioral Health, LLC.

NOTICE OF PRIVACY PRACTICES

Shine Behavioral Health, LLC, is required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). Shine Behavioral Health, LLC, must abide by the terms of this Notice, and must notify you if a breach of your unsecured PHI occurs. Shine Behavioral Health, LLC, can change the terms of this Notice, and such changes will apply to all information Shine Behavioral Health, LLC, has about you. The new Notice will be available upon request, in the office, and on the website. The website will always have the most recent version.

Except for the specific purposes set forth below, Shine Behavioral Health, LLC, will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving Shine Behavioral Health, LLC, written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent.

Shine Behavioral Health, LLC, can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. Shine Behavioral Health, LLC, can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician

or therapist, Shine Behavioral Health, LLC, can disclose your PHI to him or her to help coordinate your care, although preference is for you to give an Authorization to do so.

2. To obtain payment for your treatment. Shine Behavioral Health, LLC, can use and disclose your PHI to bill and collect payment for the treatment and services provided.

3. For health care operations. Shine Behavioral Health, LLC, can use and disclose your PHI for purposes of conducting health care operations pertaining to the practice, including contacting you when necessary. For example, Shine Behavioral Health, LLC, may need to disclose your PHI to the clinic attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization

1. Psychotherapy Notes. Shine Behavioral Health, LLC, does not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501; rather, Shine Behavioral Health, LLC, keeps a record of your treatment. You may request a copy of such a record at any time to be released to another provider, or you may request that a summary of your treatment be prepared. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.

2. Marketing Purposes. Shine Behavioral Health, LLC, will not use or disclose your PHI for marketing purposes. Marketing is defined as receiving financial remuneration for communicating about other businesses’ health-related services or products to patients.

3. Sale of PHI. Shine Behavioral Health, LLC, will not sell your PHI in the regular course of business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations mandated by law, Shine Behavioral Health, LLC, can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on clinic premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of treatment versus those who received another form of treatment for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although preference is to obtain an Authorization from you, Shine Behavioral Health, LLC, may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Shine Behavioral Health, LLC, may use and disclose your PHI to contact you to remind you that you have an appointment. Shine Behavioral Health, LLC, may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered at Shine Behavioral Health, LLC.

CRISP Health Information Exchange and PDMP-Prescription Drug Monitoring Program

I, the patient, consents to have providers access and review information available on health information exchanges and prescription drug monitoring programs such as CRISP (Chesapeake Regional Information Systems for our Patients), in compliance with State and Federal Regulations and in order to coordinate care. This includes past medical information including medications and medical treatment. If the patient does not agree, he/she will discuss this with the clinician and may lead to referral and discharge to another provider. More information on CRISP/HIE can be found here: <https://crisphealth.org/wp-content/uploads/2016/03/Patient-Factsheet-English-2018.pdf>

Privacy Policies with Minors

A minor who is 16 years old or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a healthcare provider or a clinic (Md. Code Ann 20-104). Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

Email and Electronic Communications

Clients have the option to utilize a HIPAA compliant electronic communication system through the EHR. No other electronic communication is guaranteed to be secured. Although clinicians utilize HIPPA compliant email service, the security or compliance of the client's email service cannot be assured. Therefore, the patient assumes all risk when communicating via email in any manner, or through any other electronic communication other than through the EHR system.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. Shine Behavioral Health, LLC, may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

YOUR RIGHTS REGARDING YOUR PHI. You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask Shine Behavioral Health, LLC, not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Shine Behavioral Health, LLC, is not required to agree to your request, and may say "no" if it is believed that it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How Shine Behavioral Health, LLC, Sends PHI to You. You have the right to ask Shine Behavioral Health, LLC, to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Shine Behavioral Health, LLC, will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Shine Behavioral Health, LLC, has about you. Shine Behavioral Health, LLC, will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and Shine Behavioral Health, LLC, may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures Shine Behavioral Health, LLC, Has Made. You have the right to request a list of instances in which Shine Behavioral Health, LLC, has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Shine Behavioral Health, LLC, with an Authorization. Shine Behavioral Health, LLC, will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. Shine Behavioral Health, LLC, will provide the list to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Shine Behavioral Health, LLC, correct the existing information or add the missing information. Shine Behavioral Health, LLC, may say “no” to your request, but you will be told why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT Shine Behavioral Health, LLC's, PRIVACY PRACTICES

If you think Shine Behavioral Health Services, LLC, may have violated your privacy rights, you may file a complaint with Shine Behavioral Health, LLC, with the address and telephone number at the beginning of this

document. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by: 1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; 539 Benfield Road, Suite 2, Severna Park, MD 21146 Ph: (410) 513-4513 Fax: (989) 217-5103 2. Calling 1-877-696-6775; or, 3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints. Shine Behavioral Health, LLC, will not retaliate against you if you file a complaint about the privacy practices.

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on January 1, 2020. The latest version was effective on the date noted at the beginning of this document.