



Breakthrough Therapeutic Concepts, LLC.

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NOTICE OF PRIVACY PRACTICES

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

I. OFFICE PLEDGE REGARDING HEALTH INFORMATION: BTConcepts understands that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from your respective provider. Your therapist needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by BTConcepts. This notice will tell you about the ways in which your therapist may use and disclose health information about you. Your therapist will also describe your rights to the health information the BTConcepts office keeps about you and will describe certain obligations they have regarding the use and disclosure of your health information. Your provider is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of their legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect
- BTConcepts can make amendments to this notice, where applicable, and such changes will apply to all information that your therapist has about you. The new notice will be available upon request.

II. HOW YOUR PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that BTConcepts will use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways our office is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. Your provider may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, your provider may be required to disclose health information in response to a court or administrative order. In such cases, your provider will make every attempt to inform you of such disclosure.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. *Psychotherapy Notes.* Your therapist will keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is: a. For your provider’s use in treating you. b. For your provider’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For your provider’s use in defending themselves in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate your provider’s compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

2. *Marketing Purposes.* Our office will not use or disclose your PHI for marketing purposes.

3. *Sale of PHI.* Our office will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, your provider can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and 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 our office's preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my 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 therapy versus those who received another form of therapy 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 our office's preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. Our office may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. With your permission, your provider 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. The opportunity to consent may be obtained retroactively in emergency situations.

VI. 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 your therapist not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
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 PHI is Sent. You have the right to request that contact be made to you in a specific way (for example, home or office phone) or to send mail to a different address, and I 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. Our office will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. There is a \$20 charge for all medical requests.
5. The Right to Get a List of the Disclosures Made. You have the right to request a list of instances in which your PHI has been disclosed for purposes other than treatment, payment, or health care operations, or for which you provided our office with an Authorization. Our office 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.

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 an amendment to the existing information or add the missing information. Your provider is not required to delete the existing information but will add your edits or suggestions.
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 e-mail. And, even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE:

This notice went into effect on 01/01/2020, and was last edited on 01/10/2025

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, I CONFIRM TO HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS DOCUMENT.

Signature & Printed Name

Relationship to Client

Date