



This Notice describes how personal health information may be used and disclosed, and how you may access your health information. Please review this Notice carefully, and feel free to ask questions.

The Health Insurance Portability and Accountability Act of 1996 (*HIPPA*) is a federal program that requires that all medical records and other individually-identifiable health information used or disclosed in any form (electronically, on paper, or orally) is kept confidential. You have the right to understand and control how your health information is used. *HIPPA* includes penalties for covered entities that misuse personal health information. I (*Sarah Diehl, MDiv, MS, LCPC*) have prepared this summary of how my practice maintains the privacy of your health information and how this information may be used and disclosed.

In my practice, I ordinarily use and disclose your medical records for the following purposes:

1. **Treatment:** in order to provide for your care. One of the strengths of my practice is that I consult with a senior therapist, John Hayes, PhD, ABPP. Dr. Hayes is a psychologist and psychoanalyst who has worked with patients for over forty years. The purpose of this consultation is to enhance my practice, and specifically, your experience as a patient in my practice. Information discussed in consultation preserves your privacy and confidentiality.
2. **Payment:** I provide patients a monthly invoice which will include the diagnosis(es) I am using and descriptions of services. Also, if you pay by check or credit card, your name will be associated with your payments to my practice. Finally, if you are using health insurance, your provider may request a treatment plan or summary, and they may require that I provide notes on your treatment in order to make decisions regarding your treatment's "medical necessity."

Note: The State of Maryland mandates all counselors to report suspected abuse of a child or vulnerable adult. If a patient intends to inflict imminent physical injury upon a specified person or group, I have a duty to warn and will seek to assure the protection of people in harm's way. Also, if a patient themself is in immanent danger of suicide, I may need to contact a friend or family member, or secure an involuntary commitment for hospitalization. It is also possible, although rare, that I could be ordered by the court to provide information regarding a patient's treatment.

Any other uses of your health information will be made only with your written authorization. You may revoke such authorization in writing. In my practice, I am required to honor and abide by that written request, except to the extent that I have already taken action relying on your authorization.

If you would like access to your health information, you may submit a request in writing.

This information is meant to guide your understanding of my practices. You may also visit <https://www.hhs.gov/hipaa/index.html> for additional information. Please feel free to ask me any questions.

A copy of this Notice is available in my office and online www.sarahdiehltherapy.com.