

Megan M. Gleason, LCSW-C, LICSW  
Clinical Social Worker

**HIPAA DISCLOSURE AND INFORMED CONSENT**

A signature at the end of the informed consent form is a release for me to share information as provided in the HIPAA statement.

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

**II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine, or analyze information within my practice. PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. However, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and share it with my clients. You may also request a copy of this Notice from me.

**III. HOW I WILL USE AND DISCLOSE YOUR PHI.**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

**A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

I may use and disclose your PHI without your consent for the following reasons:

**1. For treatment.**

Your mental health information may be used and disclosed in the provision and coordination of your healthcare. For example, this may include coordinating and managing your health care with other healthcare professionals.

Your mental health information may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances only information necessary to complete the task will be provided.

**2. For health care operations.**

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I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

**3. To obtain payment for treatment.**

Your mental health care information will be used to develop accounts receivable information, to bill you, and with your consent to provide information to your insurance company or other third party payer for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, dates and type of service and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure.

**4. Other disclosures.**

Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent.**

I may use and/or disclose your PHI without your consent or authorization for the following reasons:

**When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

**If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**

**If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**

**If disclosure is compelled by the client or the client's representative pursuant to [MD or DC depending on client location] Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**

**To avoid harm.** I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to medication).

**If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.**

**If I have a reasonable suspicion of child abuse or neglect including adults abused as children.**

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**If I have a reasonable suspicion of elder abuse or dependent adult abuse.**

**If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**

**For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

**For health oversight activities.** Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a healthcare organization or provider.

**For specific government functions.** Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

**For Workers' Compensation purposes.** I may provide PHI in order to comply with Workers' Compensation laws.

**Appointment reminders and health related benefits or services.** Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

**If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

**If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

**If disclosure is otherwise specifically required by law.**

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

**1. Disclosures to family, friends, or others.**

I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in Sections IIIA, IIIB, and IIIC above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

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These are your rights with respect to your PHI:

**A. The Right to See and Get Copies of Your PHI.**

In general, you have the right to see your PHI that is in my possession, or to get copies of it. If you ask for copies of your PHI, I will charge you not more than the permitted amount per page, as well as the cost of postage and handling.

**B. The Right to Request Limits on Uses and Disclosures of Your PHI.**

You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

**C. The Right to Choose How I Send Your PHI to You.**

It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method (for example, via email instead of by regular mail) on your written authorization/request. I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**D. The Right to Amend Your PHI.**

If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

**E. The Right to Get This Notice by Email.**

You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

**V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES.**

If you have any questions about this notice or any complaints about my privacy practices, or would

10319 Westlake Drive #482 Bethesda, MD 20817

mgleasonllc@gmail.com / Phone: 240-205-5341

[MD] License #22339 [DC] License #LC200001849

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like to know how to file a complaint with the Secretary of Health and Human Services, please contact me at: Megan M. Gleason, MSW, LCSW-C, LICSW, 10319 Westlake Drive #482, Bethesda, MD, 20817; 240-205-5341; mgleasonllc@gmail.com.

**VII. NOTIFICATIONS OF BREACHES.**

In the case of a breach, Megan M. Gleason, MSW, LCSW-C, LICSW is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Megan M. Gleason, MSW, LCSW-C, LICSW is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. Megan M. Gleason, MSW, LCSW-C, LICSW bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

**VIII. NPP.**

Megan M. Gleason, MSW, LCSW-C, LICSW NPP must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

**IX. EFFECTIVE DATE OF THIS NOTICE.**

This notice went into effect on October 20, 2022.

**I acknowledge receipt of this notice.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Clinician Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**INFORMED CONSENT FOR PSYCHOTHERAPY**

I, \_\_\_\_\_ have fully discussed with Megan M. Gleason and understand the nature of treatment, the limits of confidentiality in this relationship and the circumstances in which confidential communications may be breached. Such conditions include but are not limited to: suspected abuse or neglect of a minor or the belief that a client is threatening serious harm to another. I understand that Megan M. Gleason is a mandated reporter who is required to take protective action to ensure safety, which may include notification of the police, the intended victim or seeking the client's hospitalization.

The intent of these requirements is that a psychotherapist has both a legal and ethical responsibility to take action to protect endangered individuals from harm when the psychotherapist's professional judgment indicates that such a danger exists.

In general, the confidentiality of all communications between a client and psychotherapist is protected by law. I understand that Megan M. Gleason can only release information about our work to others with my written consent. In most judicial proceedings, the client has the right to prevent the psychotherapist from testifying. However, in child custody proceedings, a judge may require Megan M. Gleason's testimony if it is determined a requisite to the resolution of the issues before the court. This may include partial or complete copies of treatment records. Since Megan M. Gleason is not an attorney, I understand that if I need more legal information, formal legal consultation may be appropriate.

**Unless on vacation or otherwise out of the office, I will try to return voice mail messages Monday-Friday within 24 hours.** Very best efforts will be made by Megan M. Gleason to be available in the event of an emergency. In the event that she cannot be reached and there are concerns for anyone's personal safety, I agree to visit my local hospital or call 911 and request an ambulance. In addition, my local crisis center is \_\_\_\_\_, and the phone number is \_\_\_\_\_.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Client

\_\_\_\_\_  
 Date