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NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2026

Lauren Vaszil, LCPC, LCADC
Maryland Psychotherapy Private Practice

YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR MENTAL HEALTH, BEHAVIORAL HEALTH, AND SUBSTANCE USE TREATMENT MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

My Responsibilities

Information about your mental health, behavioral health, substance use treatment, and psychotherapy is personal and sensitive.

I am committed to protecting the privacy and security of your Protected Health Information ("PHI").

I create and maintain records relating to the behavioral health services you receive from this practice.

I am required by applicable law to:

- maintain the privacy and security of your PHI;
- provide you with this Notice describing my legal duties and privacy practices;
- follow the terms of the Notice currently in effect;
- notify you if a breach occurs when notification is required by law;
- provide information regarding your privacy rights; and
- comply with additional privacy protections required by Maryland law.

Where applicable Maryland law provides greater privacy protection than HIPAA, I will follow the more protective requirement.

I may change this Notice and make the revised Notice effective for PHI already maintained as well as information received in the future.

The current Notice will be available upon request and will be made available through the practice website when applicable.

YOUR RIGHTS

Get an Electronic or Paper Copy of Your Record

You generally have the right to inspect and obtain a copy of PHI contained in your designated record set.

Certain information may be excluded from this right, including psychotherapy notes as specifically defined by HIPAA and other information excluded by law.

Access to behavioral health and substance use treatment records may also be subject to applicable Maryland and federal requirements.

I will respond within the timeframe required by law.

Any fee charged will be limited to an amount permitted by law.

Ask Me to Correct Your Record

If you believe information in your clinical record is incorrect or incomplete, you may request an amendment.

I may deny the request when permitted by law.

If your request is denied, you will receive a written explanation and information regarding applicable rights.

Request Confidential Communications

You may ask me to communicate with you in a particular manner or at a particular location.

For example, you may ask me to use a particular telephone number, email address, or mailing address.

Reasonable requests will be accommodated as required by law.

Ask Me to Limit What I Use or Share

You may request that I not use or disclose certain PHI for treatment, payment, or health care operations.

I am generally not required to agree unless the law requires me to do so.

Services Paid in Full

If you pay out of pocket in full for a particular service, you may ask me not to disclose information about that service to your health plan for payment or health care operations.

When the legal requirements are satisfied, I will honor the restriction unless disclosure is otherwise required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your PHI for the period permitted by law.

The accounting generally does not include disclosures for treatment, payment, health care operations, or certain other disclosures excluded from the accounting requirement.

Additional accounting rights may apply to records protected by federal substance use disorder confidentiality requirements when applicable.

Choose Someone to Act for You

If another person has legal authority to act on your behalf, such as a legal guardian or other authorized personal representative, that person may exercise applicable privacy rights for you.

I may verify the person's authority before taking action.

Receive Notice of Certain Breaches

You have the right to be notified if a breach of unsecured PHI occurs when notification is required by law.

Get a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

Receiving it electronically does not prevent you from requesting a paper copy.

YOUR CHOICES

For certain PHI, you may tell me your preferences regarding disclosure.

Family, Friends, or Others Involved in Your Care

When permitted by law, I may share limited relevant information with a family member, close friend, caregiver, or another person involved in your care or payment for care.

When you are available and capable of making decisions, I will ordinarily obtain your agreement or give you an opportunity to object when required.

In an emergency or if you are unable to express a preference, limited information may be disclosed when permitted by law and appropriate under the circumstances.

Marketing and Sale of Information

I will not use your PHI for marketing or sell your PHI when authorization is required by law without first obtaining the required written authorization.

Fundraising

This practice does not currently use PHI for fundraising.

If that practice changes, applicable notice and opt-out requirements will be followed.

HOW I MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

I may use and disclose PHI as permitted by law to provide, coordinate, or manage your mental health, behavioral health, or substance use treatment.

For example, when permitted, I may communicate with another health care professional involved in your care.

Payment

I may use and disclose information to obtain payment for behavioral health services.

If you use insurance, information provided to your health plan may include:

- identifying information;
- diagnosis;
- dates of service;
- procedure codes;
- eligibility information; and
- clinical information required to establish medical necessity or obtain payment.

Health Care Operations

I may use or disclose PHI for activities necessary to operate this behavioral health practice, including:

- quality improvement;
- professional consultation;
- licensing or credentialing;
- compliance;
- audits;
- billing;

- legal or accounting services;
- business management; and
- other legally permitted activities.

Business associates performing services involving PHI are required to protect the information as required by applicable law and contract.

Appointment and Treatment-Related Communications

I may use your information to:

- remind you about appointments;
- communicate regarding treatment;
- provide referrals; or
- inform you about behavioral health services or treatment alternatives that may be relevant to you.

SUBSTANCE USE DISORDER INFORMATION

This practice provides individual behavioral health services that may include assessment, diagnosis, counseling, and psychotherapy relating to substance use disorders.

The fact that treatment involves a substance use disorder does not, by itself, mean that the record is governed by **42 C.F.R. Part 2**.

This practice is not currently operated as a federally assisted substance use disorder treatment program subject to 42 C.F.R. Part 2.

Accordingly, records created by this practice are generally governed by HIPAA, applicable Maryland confidentiality law, and other applicable federal law rather than Part 2 solely because the records concern substance use treatment.

Part 2 Records Received From Another Provider

This practice may, however, receive records from another provider or program that are protected by 42 C.F.R. Part 2.

When this practice receives or maintains records that remain subject to Part 2 protections, those records will be used, maintained, and disclosed in accordance with applicable Part 2 requirements.

Part 2 imposes additional restrictions on certain uses or disclosures of substance use disorder records, including restrictions on the use of Part 2 records in civil, criminal, administrative, or legislative proceedings against the patient without the patient's specific written consent or an appropriate court order as required by law.

If the regulatory status of this practice changes so that the practice itself becomes subject to Part 2, this Notice and applicable privacy procedures will be revised accordingly.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

Subject to applicable federal and Maryland requirements, PHI may also be used or disclosed:

- when required by law;
- to report suspected child abuse or neglect;
- to report qualifying abuse, neglect, self-neglect, or exploitation of a vulnerable adult;
- to prevent or lessen a serious and imminent threat to health or safety when permitted by law;
- for authorized health oversight activities;
- for certain judicial or administrative proceedings;
- for certain law enforcement purposes;
- to coroners or medical examiners when authorized by law;
- for applicable workers' compensation purposes;
- for certain specialized governmental purposes; or
- for another purpose expressly permitted or required by law.

Receipt of a subpoena does not necessarily mean that the entire psychotherapy record will automatically be disclosed.

Applicable confidentiality, privilege, psychotherapy-note protections, substance use disorder confidentiality requirements, and other legal protections will be considered before disclosure.

PSYCHOTHERAPY NOTES

I may maintain psychotherapy notes, as that term is specifically defined under HIPAA, separately from the general clinical record when applicable.

Most uses and disclosures of psychotherapy notes require your written authorization.

Limited exceptions may apply as permitted by law, including:

- my own use of the notes in treating you;
- certain training or supervision activities;
- defending myself in a proceeding initiated by you;
- certain legally authorized oversight activities;
- disclosures required by law;
- disclosures to the U.S. Department of Health and Human Services for HIPAA enforcement;
- certain disclosures to coroners or medical examiners; and
- disclosures permitted to prevent or lessen a serious and imminent threat to health or safety.

Other uses or disclosures of psychotherapy notes will require your authorization when required by law.

Psychotherapy notes are maintained separately from ordinary progress notes and the general clinical record.

OTHER USES OF YOUR INFORMATION

Uses or disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law.

If you authorize a use or disclosure, you may revoke that authorization in writing, except to the extent that action has already been taken in reliance on it.

QUESTIONS OR COMPLAINTS

If you have questions regarding this Notice or believe your privacy rights have been violated, contact:

Privacy Contact: Lauren Vaszil, LCPC, LCADC
Practice Name: Lauren Vaszil, LCPC, LCADC
Telephone: 443-712-8195

Email: Lauren@LVHealing.com
Mailing Address: 115 Wight Avenue Box 91, Cockeysville, MD 21030

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against or denied treatment for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT

My signature below acknowledges receipt of this Notice only.

My signature does not mean that I agree to every use or disclosure described in this Notice, and refusing to sign this acknowledgment will not prevent me from receiving treatment.

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client Name: _____

Client Signature: _____

Date: _____

If written acknowledgment was not obtained:

☐ Client declined to sign

☐ Client was unable to sign

☐ Other: _____

Practice Representative: _____

Date: _____