



Debra Neumann, Ph.D.
Psychologist

Debra A. Neumann, Ph.D.
Licensed Psychologist
www.debraneumannphd.com
(301) 320-4446

4701 Willard Ave., #204
Chevy Chase, MD 20815

8607 Second Ave., Ste 401A
Silver Spring, MD 20901

Notice of Privacy Practices

Federal and state law require that I give you this information about how I will use your health care information, how I will protect its privacy, your rights to your health care information, and my responsibilities as a health care provider.

1. How do I protect your health care information? I keep your clinical file(s) in a secure place. Access to this information is restricted. Before I release information from the file to anyone, I carefully review the legal and ethical obligations and responsibilities, to ensure that I am authorized to do so.
2. What privacy rights do you have? You have a right to personal privacy and confidentiality of information. This right includes:
 - A) The right to sign an authorization allowing me to release information to other agencies/individuals. This authorization will remain in effect for one year from the date it is given, unless you specify in writing that you wish to end it earlier.
 - B) You have the right to request how I contact you (e.g., by telephone and at what number).
 - C) You have a right to request restrictions on the use and disclosure of the information in your case file. I will respect this request unless legal or ethical requirements prohibit me from doing so.
 - D) In circumstance where I must disclose information, you have a right to expect that I will disclose the minimum amount necessary and in my judgment required by the situation.
 - E) You have a right to see the contents of your clinical file and to request copies of its contents. If I believe that disclosure of this information to you would be harmful to you or the treatment, I may choose to provide you with a summary of the file. You or I may also request that another psychologist be consulted to review the contents of the file with you.
 - F) If you do not agree with information in your file, you have a right to ask that I change it. If I do not agree to change the information, you have a right to have your comment about the information included in the file.
 - G) You have right to ask for a report of every time I share your protected health care information with anyone other than for uses related to treatment, payment, or health care operations.
3. Ways I may use and release information without your consent:
 - A) I am allowed to use and release about you to provide more effective treatment, to obtain payment, and for general health care operations. This includes, for example, consultation with other providers, communication with your insurance company, and



- contact with another health care provider who is providing treatment to you, or who has treated you in the past.
- B) In emergencies, I may use contact information or personal health information without prior authorization.
 - C) I may disclose information without your consent if you make a threat of imminent, serious physical harm to another identifiable person or if you indicate a serious threat of harm to yourself.
 - D) I am required to report my reasonable suspicion of the abuse or neglect of a child or the abuse, neglect, or exploitation of a vulnerable adult.
 - E) I must release information from your file if a court order requires me to do so.
 - F) If you bring your mental health into question as part of a lawsuit or disability claim, my records may be subpoenaed.
 - G) If you desire to submit insurance claim forms to partially pay for your treatment, I am required to include diagnostic information for the claim to be processed.
4. What is in your clinical file? Your file contains your client information form, history, case formulation and treatment plan, any results of assessment, and a record of dates and times of meetings, as well as notes as to the themes of conversations we have both in person or by telephone. It also contains billing and payment information and any information released to me by other health care professionals.
5. Other aspects of privacy:
- A) In couples or family therapy, I do not bear the responsibility of holding in confidence information given to me by one individual without the others awareness. In general, I encourage sharing information mutually, unless to do so would endanger another person.
 - B) When the client is a minor, parents or guardians do have the right to receive information about the treatment. However, privacy is important to the success of therapy and, unless pressed, I will only reveal information to parents or guardians that is, in my judgment, important to insure the child's welfare.

Please sign the attached form, stating that you have received this notice of privacy practices, and return it to me. You may keep this notice.