



**ZenBees Psychiatry and Wellness Services, LLC.**

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**HIPAA Notice of Privacy Practices**

As Required by the Privacy Regulations Created as a Result of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

**A. Our Commitment to your privacy:**

ZenBees Psychiatry and Wellness Services, LLC. is dedicated to maintaining the privacy of your protected health information (PHI). PHI is individually identifiable health information about you that relates to your past, present or future physical or mental health or condition and/or related health care services. This Notice of Privacy Practices provides you with the following important information: our obligations concerning your PHI, how we may use and disclose your PHI, and your rights in your PHI. If you have any questions, please contact ZenBees Psychiatry and Wellness Services LLC.

**1. Our Obligations:**

Both federal and State law require that we maintain the privacy of your PHI. We are also required to provide you with this notice regarding our privacy practices, our legal duties and your rights concerning your PHI. This Notice of Privacy Practices applies to all records containing your PHI that are created or retained by ZenBees Psychiatry and Wellness Services. This Notice takes effect on your initial date of service and will remain in effect until we revise or replace it. We must follow the privacy practices described in this Notice during the time it is in effect. A current copy of the Notice of Privacy Practices will be posted on our website and accessible on your patient portal. You may request a copy of the Notice at any time. ZenBees Psychiatry and Wellness Services have the right to change our privacy practices and to revise or replace this Notice of Privacy Practices at any time, so long as the changes are consistent with applicable law. Any revision or amendment to this Notice will be effective for all PHI that we created or maintained in the past, and for any PHI that we create or maintain in the future. Before making a significant change in our privacy practices, we will make the new notice available upon request.

**2. We may and disclose your PHI in the follow ways:**

The following sections describe, in general terms, the different ways that we may use and disclose your PHI. Examples are provided to help you understand the various types of uses and disclosures; they do not cover all possible situations.

a. *Treatment.* ZenBees Psychiatry and Wellness Services may use and disclose your PHI to provide health care and related services to you. For example, we may use or disclose your PHI to a physician or other health care provider to treat you or to assist others in your treatment. Other

examples include uses and disclosures for laboratory tests, prescriptions, and referrals to other health care providers for additional health care services.

b. *Payment.* ZenBees Psychiatry and Wellness Services may use and disclose your PHI in order to bill and collect payment for the services and items you may receive and to determine your eligibility to participate in our services. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We also may use and disclose your PHI to obtain payment from you or from third parties that may be responsible for such costs, such as family members.

c. *Health Care Operations.* We may use and disclose your PHI in connection with our health care operations, including our administrative, financial, legal, and quality improvement activities. For example, we may use your PHI to evaluate the quality of care you received from us or the competence, performance or qualifications of our health care professionals and staff. Other examples include accreditation evaluations, training programs for medical students and other health care professionals, fraud and abuse detection, cost-management, business planning, and the preparation of de-identified information and limited data sets.

d. *Business Associates.* ZenBees Psychiatry and Wellness Services may share your PHI with third-party “business associates” that provide various services for us, such as billing, transcription, software maintenance, accreditation, and legal services. If an arrangement with a business associate involves the use or disclosure of your PHI, we will have a written contract in which the business associate agrees to maintain the confidentiality of your PHI.

e. *Appointments and Other Reminders.* ZenBees Psychiatry and Wellness Services may use and disclose your PHI to contact you and remind you of an appointment. For example, ZenBees Psychiatry and Wellness Services may contact you to confirm an appointment or the Pharmacy may call to remind you to pick up your prescription.

f. *Health Related Services.* We may use and disclose your PHI to tell you of or recommend treatment alternatives and other health related benefits and services that might be of interest to you.

g. *Release of Information to Involved Individuals.* Unless you object, ZenBees Psychiatry and Wellness Services may release your PHI (except mental health records) to a friend or family member or other person who is involved in your care, or who assists in taking care of you or in paying for your health care. In addition, we may disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

If you are not present or are incapacitated or in an emergency, we will disclose your PHI based upon our professional judgment that disclosure is in your best interest. We will also use our professional judgment and experience with common practice to allow a person to pick up prescriptions, medical supplies, x-rays, or similar types of medical information. We will not, however, disclose any information in a way that conflicts with a previously agreed upon preference or restriction.

h. *Research.* Under certain limited circumstance, we may use or disclose PHI for health research purposes in accordance with the requirements of law and ZenBees Psychiatry and Wellness Services policy. For example, we may use or disclose your PHI if we have your authorization or documentation that a special research review board has approved a waiver or alteration of authorization requirements. We may also use or disclose PHI for reviews preparatory to research (such as to design or assess the feasibility of conducting a study) or for research on decedents’ PHI, but only if the researcher provides appropriate assurances of confidentiality.

In addition, PHI may be used or disclosed for research as part of a limited data set, with an appropriate data use agreement to protect confidentiality.

i. *Required or Allowed by Law.* We may use and disclose your PHI when we are required or permitted to do so by applicable federal, state and/or local law. Such uses or disclosures may include, but are not necessarily limited to, those set forth below. The use or disclosure will be made in compliance with the applicable law and, to the extent required by law you will be notified of any such uses and disclosures.

1. *Required by Law.* We may use or disclose your PHI when a law requires us to do so.

2. *Public Health.* We may disclose your PHI for public health activities as required or permitted by law. These activities generally include the following:

- to report matters related to the quality, safety, or effectiveness of a product or service regulated by the Food and Drug Administration (FDA)
- to prevent or control disease, injury, or disability
- to report disease or injury
- to report births and deaths
- to report child abuse or neglect
- to report reactions to medications and food or problems with products
- to notify people of recalls or replacements of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- to notify the appropriate government authority if we believe a person has been the victim of abuse neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

3. *Health Oversight Activities.* We may disclose your PHI to a health oversight agency for activities authorized by law. Such activities might include, for example, audits, investigations, inspections, licensure, or disciplinary actions. These activities are needed to monitor the health care system, government programs, and compliance with civil rights laws.

4. *Serious Threats to Health or Safety:* We may use and disclose your PHI when we believe it is necessary to reduce or prevent a serious threat to your health or safety or the health or safety of another person or the public. Any such disclosures would be made to persons or organizations able to help prevent or lessen the threat.

5. *Lawsuits and Similar Proceedings:* We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances.

6. *Law Enforcement:* We may disclose PHI if asked to do so by a law enforcement official under certain circumstances, including:

- In response to a court order, subpoena, warrant, summons, or similar process
- to identify or locate certain persons
- to provide information about a crime victim, criminal conduct at our premises, or a death we believe may be the result of criminal conduct
- in an emergency, to report a crime (including the locations of the crime or victims and/or the identity, description or location of the person who committed the crime)
- to authorized federal officials so they may provide protection for the President and other authorized persons or to conduct special investigations.

7. *Organ and Tissue Donation:* We may release PHI to authorized organizations relating to organ, eye or tissue donations or transplants.

8. *Military and Veterans*: If you are a member of the armed forces of the United States or another country (including veterans), we may release your PHI as required by military command authorities.

9. *Workers' Compensation*: We may disclose your PHI to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

10. *Coroners, Medical Examiners and Funeral Directors*: We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors so they can carry out their duties.

11. *National Security and Intelligence Activities*. We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

12. *In Legal Custody*. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

j. *With Authorization*. We will not share information unless you give us written permission for the purposes of; marketing, sale of information, or sharing of psychotherapy notes. For any purposes other than the ones described above, we will only use or disclose your PHI when you give us written Authorization. You may give us written Authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an Authorization, you may revoke it in writing at any time, but your revocation will not be effective to the extent we have already acted in reliance on the Authorization.

k. *Other Legal Restrictions*. Federal and/or applicable Maryland laws may otherwise limit the ways that we may use or disclose your PHI, or they may require different privacy protections for certain types of information that are considered highly confidential. Such highly confidential information may include health information pertaining to drug or alcohol abuse treatment; mental health care; HIV/AIDS; developmental disabilities; or genetic testing. We will not use or disclose your PHI in a way that is prohibited by any applicable law.

**3. Your rights regarding your PHI:** You have the following rights regarding the PHI that we maintain about you.

A. *Confidential Communications*. You have the right to request that we communicate with you about your health care and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. To request a type of confidential communication, you must make a written request to ZenBees Psychiatry and Wellness Services at the address provided. The request must clearly specify the requested method of contact and/or the location where you wish to be contacted. Reasonable requests will be accommodated. You do not need to give a reason for your request.

B. *Requesting Restrictions*. You have the right to request certain restrictions regarding our use or disclosure of your PHI. This means that you may ask us not to use or disclose part of your PHI for certain treatment, payment, or health care operations purposes. You may also request that we not disclose all or part of your PHI to individuals (such as family members and friends) involved in your health care or the payment for your care. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except in emergency situations or when otherwise required by law. A restriction may be terminated by you or by us. Before we terminate, we will notify you. If you do not agree, the termination will only affect PHI we create

or receive after we notify you. If you pay out of pocket for a service or health care item, you may also request that we do not disclose information about your treatment to your health insurer. To request a restriction in our use or disclosure of your PHI, or to request termination of a restriction to which we have agreed, you must make your request in writing to the ZenBees Psychiatry and Wellness Services at the address provided. Your request must clearly describe the specific restriction you are requesting and to whom you want the restriction to apply.

C. *Inspection and Copies.* You have the right to look at and obtain a copy of the PHI we maintain that may be used to make decisions about you. Usually, this includes patient medical records and billing records. Your PHI will be available via electronic format and you have the right to request that electronic copy of your record to be given to you or transmitted to another individual or entity. To inspect and/or obtain a copy of your PHI, you must submit your request in writing to ZenBees Psychiatry and Wellness Services at the address provided. We may charge a fee for the costs of copying, mailing, and supplies associated with your request. We will tell you the amount of the fee in advance.

D. *Amendment.* You may ask us to amend your PHI if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to ZenBees Psychiatry and Wellness Services at the address provided. You must clearly describe the change(s) you are requesting, and you must explain why the information should be amended. We may deny your request if we believe that the information that would be amended is already accurate and complete or if other special circumstances apply. If we deny your request, we will provide you with a written explanation of the denial and your right to submit a statement disagreeing with the denial. If we approve the request for amendment, we will inform you and change the health information, and we will tell others that need to know of the change.

E. *Accounting of Disclosures.* You have the right to request a list of the disclosures we have made of your PHI after your initial date of service. The list does not have to include disclosures made to you or with your Authorization, for treatment, payment, and health care operations purposes, or in connection with certain other activities. To obtain an accounting of disclosures, you must submit your request in writing to ZenBees Psychiatry and Wellness Services at the address. All requests for an accounting must state a time, which may not be longer than six (6) years from the date of disclosure. If you request an accounting more than once in a 12-month period, we may charge a reasonable cost-based fee of which you will be notified in advance.

F. *Right to a Copy of this Notice.* You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of the Notice at any time. To obtain a paper copy, contact ZenBees Psychiatry and Wellness Services at the addresses provided. The Notice is also posted on ZenBees Psychiatry and Wellness Services' website at [zenbeespsychiatry.com](http://zenbeespsychiatry.com).

G. *Right to be notified of a Breach.* You have the right to be notified of any discovery a breach of unsecured PHI. Notice of any such breach will be made in accordance with federal requirements.

#### **4. Implementation, questions and complaints.**

1. *Implementation.* This Notice provides a general overview of our privacy practices. This Notice and our privacy practices are implemented in accordance with applicable ZenBees Psychiatry and Wellness Services policies and procedures and the requirements of HIPAA and other federal and Maryland laws, as applicable.

2. *Questions.* If you want more information about our privacy practices or have any questions or concerns, please contact ZenBees Psychiatry and Wellness Services at the addresses provided.

3. *Complaints.* If you believe your privacy rights have been violated, you may file a complaint with ZenBees Psychiatry and Wellness Services at the addresses provided. A complaint may also be filed with the U.S. Department of Health and Human Services (HHS). We will provide you with the address to file a complaint with HHS upon request. All complaints must be submitted in writing. We will not retaliate against you in any way if you file a complaint with us or with HHS.

U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free Call Center: 1-800-368-1019  
TTD Number: 1-800-537-7697

**5. Contact Information:**

If you have any questions regarding this Notice or our health information privacy practices, please contact the:

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[zb@zenbeespsychiatry.com](mailto:zb@zenbeespsychiatry.com)