

**LAUREL HELPING HANDS**  
422 Montgomery Street Laurel, Maryland 20707  
Phone: (240) 294-1304 Fax: (301) 617-2869  
Email: [LHH@laurel.md.us](mailto:LHH@laurel.md.us) Website: <http://www.cityoflaurel.org>

## **PRIVACY NOTICE**

This notice describes how information about you may be used and disclosed so please review it carefully. Laurel Helping Hands will not use or disclose your information without your written permission, except as described in this notice or as otherwise permitted by Federal and State law.

### Why have you been given this Notice?

We collect personal information about you when we serve you. Protected Health Information (PHI) is information which has been created or received about your past, present, or future health condition, the provision of healthcare to you, or the payment for healthcare that can be used to identify you e.g. your name, address, social security number, fees, diagnosis etc.

We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy policies. We reserve the right to change the terms of this notice at any time. Any changes will apply to all information that we already have about you. You can obtain a copy of this notice at any time from our front desk.

### How do we use your information?

We maintain physical, electronic, and procedural safeguards that comply with HIPAA regulations to protect the security of your personal information. We restrict access to your personal information to persons or entities who need to know in order to for us to serve you. This may include employees of the City of Laurel, Prince George's County, State of Maryland and other healthcare providers.

We use and disclose health information for many different reasons:-

For treatment: We may disclose your PHI to other health care professionals, social services agencies etc. in order to provide and coordinate services for you. We may also disclose your PHI to vendors who provide services that facilitate treatment e.g. diagnostic and assessment software managers. These vendors are also required by law not to disclose or use your information for any other purpose, except as permitted by law.

To obtain payment for treatment: We may use and disclose your PHI in order to bill and collect payment for services provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health claims.

For health care operations: We may disclose your PHI in order to comply with City, County and State requirements for evaluating the quality of services you receive.

For education/training: We participate in the education and training of student counselors. We may use and disclose your information to current and prospective interns as part of their training.

### When do we share your information without your consent?

There are limited circumstances when we are permitted or required to disclose health information without

your signed permission. These situations include:

- For public health purposes.
- For medical emergencies.
- For judicial and administrative proceedings and law enforcement purposes.
- For specialized government functions, such as military, intelligence and correctional activities, when otherwise required by law.

### What are our duties?

We are required by law to:

- Maintain the privacy and security of your health information.
- Provide this notice of our duties and privacy and security procedures.
- Follow the procedures described in this notice.

You have the right to:

- Notification, in the event of a breach of your PHI.
- Request that we restrict how we use or disclose your health information.
- Request that we communicate with you about health matters in a confidential manner.
- Inspect and copy your health information.
- Request amendments to your health information.
- Receive an account of how we disclose your information for reasons other than treatment, payment, related administrative purposes and disclosures requested by you.
- Keep your mental health providers' psychotherapy notes secure.
- Obtain a paper copy of this notice upon request.

If you would like more information about this notice or have any questions, you may contact:  
Clinical Director, Laurel Helping Hands, 240-294-1304.

You may also contact the Office of Civil Rights of the U.S. Department of Health and Human Services if you have any complaints about how your PHI has been used.