

PERSPECTIVES COUNSELING SERVICES

NOTICE OF PRIVACY PRACTICES

Effective date: October 13, 2026

Deborah Stern, LCPC | Privacy contact: Deborah Stern, LCPC

Phone: 410-961-4894

Practice address: 7023 Wallis Avenue, Baltimore, MD 21215

Email: dsterncounseling@gmail.com

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.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, subject to applicable law. Ask us how to do this. We will provide a copy or a summary, usually within 30 days of your request, as required by law. We may charge a reasonable, cost-based fee where permitted.

Psychotherapy notes maintained separately from the medical record are subject to special rules and generally are not available through the ordinary right of access.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say no to your request, but we will tell you why in writing within the time required by law.

Request confidential communications

You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. We will say yes to all reasonable requests as required by law.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or health care operations. We are not required to agree to your request in most circumstances. If we agree, we may still share the information in an emergency when permitted by law. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information about that service with your health insurer for payment or health care operations. We will agree unless a law requires us to share it.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of certain disclosures of your health information during the six years before your request, including who received it and why. The accounting excludes disclosures such as those for treatment, payment, and health care operations and other exceptions provided by law. One accounting in a 12-month period is free; we may charge a reasonable, cost-based fee for additional requests within that period, as permitted by law.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

If someone has legal authority to act for you, such as a personal representative or legal guardian, that person may exercise your rights and make choices about your health information to the extent permitted by law. We will verify their authority before acting.

File a complaint if you feel your rights are violated

You can complain if you believe we have violated your privacy rights by contacting us using the information on page 1. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, or call 1-877-696-6775. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your preferences about what we share. If you have a clear preference for how we share your information with family members, close friends, or others involved in your care or payment for your care, please tell us. If you are unable to express a preference, we may share information when permitted by law and when we determine it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety, as permitted by law.

We will not use or disclose your information for marketing purposes or sell your information in the ordinary course of our practice. Most uses and disclosures of psychotherapy notes require your written permission, subject to legal exceptions.

If we have substance use disorder patient records about you that are subject to 42 CFR Part 2, special federal protections apply. We will not use or disclose those Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent or the court order and subpoena required by Part 2. Additional requirements may apply to fundraising communications using Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you

We can use your health information and share it with other professionals who are treating you when permitted by law. For example, we may consult with another health care professional involved in your care.

Run our practice

We can use and share your health information to run our practice, improve care, manage treatment and services, and contact you when necessary. This may include administrative, quality, and practice-management activities.

Bill for your services

We can use and share your health information to bill and get payment from you, your health plan, or another responsible payer. For example, we may send relevant information to your health insurance plan so it can pay for services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually for public benefit or when required by law. We must meet legal conditions before sharing it. If we have substance use disorder patient records about you subject to 42 CFR Part 2, we cannot use or share those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent or the court order and subpoena required by Part 2.

Help with public health and safety issues

We may share health information for certain situations, such as reporting suspected abuse, neglect, or domestic violence when required or permitted by law, and preventing or reducing a serious threat to anyone's health or safety.

Do research

We may use or share your information for health research when applicable legal requirements and safeguards are met.

Comply with the law

We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to confirm that we are complying with federal privacy law.

Work with a medical examiner or funeral director

We may share health information with a coroner, medical examiner, or funeral director when legally permitted.

Address workers' compensation, law enforcement, and other government requests

We may use or share health information for workers' compensation claims, law enforcement purposes, health oversight activities, or special government functions, when the applicable legal requirements are met.

Respond to lawsuits and legal actions

We may share health information in response to a court or administrative order or certain legal processes, such as a subpoena, when permitted by law. Maryland confidentiality requirements may provide additional protections for mental health records.

Uses and Disclosures That Require Your Written Authorization

For uses and disclosures not described in this notice and not otherwise permitted or required by law, we will obtain your written authorization. In general, written authorization is required for most uses or disclosures of psychotherapy notes, uses or disclosures for marketing, and any sale of your health information, except where the law provides an exception. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it. Revocation does not affect actions already taken in reliance on the authorization.

Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of a counseling conversation and kept separate from the rest of the medical record, as defined by HIPAA. Not all clinical documentation is considered psychotherapy notes.

Maryland Confidentiality Requirements

Maryland law provides additional requirements concerning the confidentiality and disclosure of medical and mental health records. I will disclose mental health records or information only with client consent or as otherwise permitted by Maryland Health-General Article, Title 4, Subtitle 3, and other applicable state and federal laws. The specific rules and exceptions may depend on the type of record and the circumstances. Special rules may apply to minors, personal representatives, and certain sensitive records. If a more protective applicable law limits disclosure, I will follow that law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing or the law permits or requires it. If you authorize a use or disclosure, you may change your mind at any time by notifying us in writing, subject to actions already taken in reliance on the authorization.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we maintain, as permitted by law. The new notice will be available upon request and on our website, if applicable.

Acknowledgment of Receipt

I acknowledge that I have received a copy of the Notice of Privacy Practices of Perspectives Counseling Services. My signature acknowledges receipt of the notice; it does not mean that I agree to every use or disclosure described in it.

Client name (print): _____

Client signature: _____ Date: _____

If signed by personal representative: _____

Relationship / authority: _____

PRACTICE OWNER CHECKLIST — REMOVE THIS PAGE BEFORE DISTRIBUTING

This checklist is for your internal use and is not part of the client notice.

- Add your practice email address and confirm the practice address and phone number are current.
- Confirm the effective date and keep a copy of the final notice you distribute.
- Confirm whether any records you maintain qualify as records subject to 42 CFR Part 2. Addressing substance use occasionally in general psychotherapy does not by itself establish that your practice is a federally assisted Part 2 program, but the status of records received from other programs may matter.
- Confirm your actual practices for insurance billing, telehealth, electronic records, appointment reminders, consultation/supervision, and business associates. Add specific details if needed so the notice accurately describes your practice.
- Review the Maryland-specific language with a Maryland health care attorney or HIPAA compliance professional, particularly as it relates to mental health records and minors.
- If you maintain a website that provides information about your services, prominently post the current notice there as required by HIPAA. Make the notice available to people who request it.
- This draft follows the structure and key content of the HHS February 2026 health care provider model notice, customized for a solo counseling practice. It is not a legal certification of compliance.