



INSTITUTE FOR HEALING

Where healing happens

9419 Common Brook Road Suite 208 Owings Mills, MD 21117
Phone (410) 864-0211 Fax (410) 618-4163 Info@myiHEAL.com

Notice of Privacy Practices

The Institute for HEALing, LLC (iHEAL) is a mental wellness agency dedicated to holistic health and growth. We offer a variety of health services all aimed at creating a healthier, more culturally-sensitive society one individual or group at a time. This document contains your patient rights and responsibilities. If you have questions about any information included, please ask us. We are here to help.

Our Vision

To create a society that supports all those in pursuit of health education and treatment in an effort to thrive and lead a productive, hopeful life

Our Philosophy

At iHEAL, we believe that all health is vital to human success and that wellness comes in many forms. We further believe that wellness at the individual and community levels is necessary for a healthier society. Every human being should be supported in their pursuit of health and no cultural identity factor precludes one from receiving that support. We understand that those who have social privilege have the duty and expectation to advocate for those who are under-privileged. We believe that anyone can make a positive difference in their communities at any time.



Our Mission

iHEAL is organized into four division, and each division carries a unique mission.

Health Division

To promote culturally-sensitive, comprehensive mental health treatment for individuals and families

Education Division

To develop the next generation of mental health leaders through ethical and comprehensive clinical training

Advocacy Division

To champion social justice for under-represented and under-served groups, provide supportive resources to community partners, and elevate awareness about health-related trends

Leadership Division

To offer high-quality training, professional development, and consultation services to professionals, community advocates, and businesses

Health, Education, Advocacy, and Leadership create the aims for the Institute for HEALing, LLC.

You have the right to...

BE TREATED WITH DIGNITY AND RESPECT

You (as well as your property) have the right to be treated with dignity and respect by every member of our team. You have the right to treatment that is based on you as an individual and free from prejudice; stereotypes; discrimination; harassment; verbal, emotional, physical, or sexual abuse; mistreatment, injuries of unknown sources, and neglect of you and your property.

UNDERSTAND PRIVACY & CONFIDENTIALITY

You have the right of confidentiality in your treatment and privacy of your medical record. Your case information will be shared with treatment team members only for the purpose of providing you with optimal treatment. All of your medical information will be kept in your private medical file. You should know that there are instances where we can't maintain your confidentiality. Those instances include when you:

- are a danger to yourself
- are a danger to another identifiable person
- disclose abuse or neglect of you as a child or vulnerable adult
- disclose that you are an abuser or neglecter of a member of a vulnerable population

We also can't maintain your confidentiality if your medical record is subpoenaed by a judge.

UNDERSTAND THE SERVICES BEING PROVIDED AND BY WHOM

You have the right to know, at the beginning of treatment, what service(s) you are receiving, services available to you, the scope of the services, anticipated frequency of that service(s), and any modifications to the plan of care as your treatment progresses. You can work with your provider to create and revise your treatment plan. You have the right to request proof of iHEAL personnel through proper identification.

REQUEST CONFIDENTIAL COMMUNICATIONS

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

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 our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

You have the right to...

UNDERSTAND HOW TO FUND YOUR TREATMENT

Before engaging in treatment, you can know the fees associated with your services, how much of your treatment costs will be covered by third parties like insurance companies, and the portion of your treatment costs for which you may be responsible.

GET A COPY OF YOUR MEDICAL 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. Ask us how to do this. We will provide a copy or summary of your health information, usually within 21 days of your request. We may charge a reasonable fee for administrative duties like photocopying.

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 deny your request, but we'll provide you with a written rationale within 60 days.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

You can request a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, with whom we shared it, and why. We will include all the disclosures for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable fee if you ask for more than one (1) per year.

CHOOSE SOMEONE TO ACT FOR YOU

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

CREATE A MENTAL HEALTH ADVANCE DIRECTIVE

You will be offered the opportunity to create a mental health advance directive at the outset of treatment and at any time thereafter.

KNOW HOW REFERRALS ARE MANAGED FINANCIALLY

We receive no incentive (financial or otherwise) when we refer to other professionals, agencies, or organizations.

REFUSE SERVICES

You have the right to refuse or end services at any point during your treatment. If you elect to refuse or end treatment, the consequences of that decision will be shared with you. iHEAL may terminate treatment in a healthy way and offer referral options based on your refusal to engage in treatment.

You have the right to...

KNOW HOW WE ARE TRAINED

iHeal team members are provided at least yearly training on the aforementioned policies and procedures to maintain and uphold a high quality of service and protect the rights of patients.

EXPRESS CONCERNS

You have a right to express your concerns about your treatment, the treatment of your property, interactions with iHEAL team member(s), your visit experience, or other matter with your provider and/or the practice manager in writing or verbally. You also have a right to recommend changes in policy, personnel, or services. Voicing a concern will not result in discrimination, coercion, or retribution. iHEAL team members are required to pass your concerns onto their supervisors, according to our policies and procedures, and we will investigate them.

APPEAL DECISIONS MADE BY THE GRIEVANCE COMMITTEE

You have a right to request an appeal of the Grievance Committee.

Questions

iHEAL Privacy Officer
Sara Ruiz, MS, LCPC

U.S. Dept. of Health & Human Services
Office of Civil Rights
(877) 696-6775

Contact Number for Concerns, Complaints, &
Grievances
(410) 864-0211

Accreditation Commission for Health Care
(855) 937-2242

Please address all concerns, complaints, and grievances to us. We have a process in place to accept, investigate, and review your concerns. We will not retaliate against you for expressing your concerns. If our response is not satisfactory to you and you believe that we have violated your rights, you have a right to file a complaint with our accreditation agency. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Patient Responsibilities

You are responsible for...

- providing accurate and complete information about medical complaints, past illnesses, hospitalizations, medications, pain, and other matters relating to your health
- being present for your treatment session
- following the treatment plan recommended by those responsible for your care
- being considerate in language and conduct of other people and their property, including being mindful of noise levels, privacy and number of visitors while on iHEAL premises
- keeping track of your valuables because iHEAL is not responsible for misplaced or stolen items
- accepting the consequences should you refuse treatment or do not follow the healthcare team's instruction
- seeing that your bills are paid as promptly as possible
- reporting unexpected changes in your health
- being considerate of the rights of other patients and iHEAL personnel
- avoiding the creation of pictures, videos, and/or recordings while on iHEAL premises without permission from an iHEAL program director
- being in control of your behavior at all times while on iHEAL premises
- following all iHEAL policies and procedures that are applicable to you as a patient, visitor, patient representative, or guest in the office
- asking questions and seeking information if there is something you don't understand

Other Uses & Disclosures

OUR USES & DISCLOSURES

We typically use or share your health information in the following ways:

- **Treatment:** To provide, coordinate, or manage your care and services (e.g., consulting with another healthcare provider).
- **Payment:** To bill and collect payment for services provided.
- **Healthcare Operations:** For activities necessary to run our practice and ensure quality care (e.g., case reviews, training, licensing).

We may also share your information:

- When required by law (e.g., mandatory reporting, court orders)
- To prevent a serious threat to health or safety
- With health oversight agencies for audits or investigations
- For public health and safety purposes (e.g., reporting abuse, neglect, or threats of harm)
- With coroners, medical examiners, or funeral directors
- With workers' compensation programs (if applicable)

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the new terms effective for all protected health information we maintain. The revised notice will be available upon request, in our office, and on our website.

Thank You for Choosing iHEAL