

Maven CounselingCenter NOTICE OF PRIVACY PRACTICES

13228 Executive Park Terrace, Germantown, MD 20874 Tel. 240-489-1108

354 Mill Street, Hagerstown, MD 20740 Tel. 240-489-1108

Effective Date: February 16, 2026

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. You have the right to receive a copy of this notice.

OUR COMMITMENT TO YOUR PRIVACY

Vertex Counseling and Wellness ("we," "our," or "the Practice") is committed to protecting the privacy of your health information. We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable Maryland law to:

- Maintain the privacy of your protected health information ("PHI");
- Provide you with this Notice of our legal duties and privacy practices; and
- Follow the terms of the Notice that is currently in effect.

If you have any questions about this Notice, please contact our Privacy Officer, whose contact information appears at the end of this document.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and share your health information. We will always use or disclose only the minimum amount of information necessary.

For Your Treatment

We may use your health information to provide, coordinate, or manage your mental health care. For example, a treating therapist may share relevant information with a consulting psychiatrist or your primary care physician when coordinating your care. We will obtain your authorization before sharing information with providers outside our practice, except when legally required or permitted.

For Payment

We may use and disclose your health information to bill your insurance company and receive payment for services we provide to you. For example, we may submit your diagnosis and treatment dates to your insurer when filing a claim. We share only the minimum information necessary for this purpose.

For Health Care Operations

We may use your health information for our internal operations, including quality improvement, clinical supervision, staff training, credentialing, and compliance activities. For example, a clinical supervisor may review session notes as part of quality assurance or supervision. All such access is subject to strict confidentiality safeguards.

OTHER SITUATIONS WHERE WE MAY USE OR SHARE YOUR INFORMATION

In certain situations required or permitted by law, we may use or disclose your health information without your written authorization:

- **Required by Law:** As required by federal, state, or local law.
- **Public Health:** To public health authorities, report communicable diseases, injuries, or deaths as required by law.
- **Health Oversight:** To government agencies authorized to conduct audits, inspections, or investigations of health care providers.
- **Legal Proceedings:** In response to a court order, subpoena, or other lawful legal process.
- **Law Enforcement:** To law enforcement as required or permitted by law (e.g., to report certain wounds, crimes on premises, or when required by court order).
- **Decedents:** To coroners, medical examiners, or funeral directors as necessary.
- **Organ Donation:** To organ procurement organizations for organ, tissue, or eye donation purposes.
- **Research:** To researchers under approved protocols with appropriate privacy protections in place.
- **Serious Threats:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military:** To military authorities if required by law.
- **Workers' Compensation:** As required by workers' compensation laws.
- **National Security:** To authorized federal officials for lawful national security or intelligence activities.

SPECIAL PROTECTIONS FOR MENTAL HEALTH INFORMATION

Because we are a behavioral health practice, your mental health records receive heightened protections under both federal and Maryland law.

Psychotherapy Notes

"Psychotherapy notes" are notes your therapist may record during or after a counseling session that are kept separately from the rest of your medical record. These notes are given the highest level of protection under HIPAA. We will not use or disclose your psychotherapy notes without your specific written authorization, except in very limited circumstances required by law, such as:

- When required to prevent a serious and imminent threat to health or safety;
- When required by a court order;
- For our own training programs, or
- To defend against legal action you initiate.

Maryland Law: Maryland Health-General Article §4-307 provides additional protections for mental health records beyond federal HIPAA requirements. We comply with the stricter of applicable state or federal law.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Federal Notice Required by 42 CFR Part 2

The confidentiality of alcohol and drug abuse patient records maintained by this Practice is protected by federal law and regulations (42 CFR Part 2). Generally, we may NOT disclose any information identifying a patient as having or having had a substance use disorder, or as having been referred for such treatment, without the patient's written consent, unless:

- Disclosure is to medical personnel in a bona fide medical emergency;
- Disclosure is to qualified personnel for research, audit, or program evaluation;
- A court order specifically authorizes the disclosure; or
- Another exception set forth in 42 CFR Part 2 applies.

Violations of federal law and regulations are a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. 42 CFR Part 2 records disclosed to us may only be re-disclosed in accordance with the terms of your consent and applicable regulations.

If you are receiving or have received substance use disorder treatment through a federally assisted program (a "Part 2 program"), those records are subject to the additional protections described above. We will not share these records without your written authorization except as required by law.

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other than the uses and disclosures described in this Notice, we will only use or share your health information with your written authorization. You may revoke your authorization at any time by submitting a written request to our Privacy Officer, except to the extent we have already relied on it. Uses and disclosures requiring your written authorization include:

- Most uses and disclosures of psychotherapy notes (as described above);
- Uses or disclosures of your information for marketing purposes;
- Sales of your protected health information; and
- Any other use or disclosure not described in this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have important rights with respect to your health information. To exercise any of these rights, please submit a written request to our Privacy Officer.

Right to Inspect and Receive a Copy

You may request to inspect and receive a copy of the health information we use to make decisions about your care. We may charge a reasonable, cost-based fee. We must respond within 30 days. Note: Psychotherapy notes and certain other records may not be available.

Right to Request an Amendment

If you believe the health information we have about you is inaccurate or incomplete, you may request an amendment in writing, including your reason for the request. We will respond within 60 days. We may deny your request in certain circumstances permitted by law, and you have the right to submit a statement of disagreement if we deny it.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information — generally, those made without your authorization and not for treatment, payment, or operations. The first request in any 12-month period is free; a reasonable fee may apply for additional requests.

Right to Request Restrictions

You may ask us to limit how we use or disclose your health information. We are not required to agree to most requests. However, if you ask us not to share your information with your health plan for services you have paid for entirely out of pocket, we are required to honor that request.

Right to Request Confidential Communications

You may request that we contact you by a specific method or at a specific location (e.g., by cell phone only, or at a work address rather than home). We will honor reasonable requests without requiring you to explain the reason.

Right to a Paper Copy of This Notice

You may request a printed copy of this Notice at any time — even if you previously agreed to receive it electronically. A copy is available at our office and on our website at www.vertexcw.com

Right to Be Notified of a Breach

If there is a breach of your unsecured health information, we are required by law to notify you promptly — and no later than 60 days after discovery — in accordance with the HIPAA Breach Notification Rule.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS). We will NOT retaliate against you in any way for filing a complaint.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information and to provide you with this Notice.
- We must follow the privacy practices described in this Notice while it is in effect.
- We reserve the right to change our privacy practices and this Notice at any time, as permitted by law. Changes will apply to information we already have about you as well as new information. We will post the current Notice in our office and on our website, and provide you with a copy upon request.
- We will use the minimum necessary information in all permitted uses and disclosures.

CONTACT INFORMATION & HOW TO EXERCISE YOUR RIGHTS

To exercise any of the rights described in this Notice, ask questions, or file a complaint, please contact:

<p>Our Privacy Officer Ingrid Ponciano CEO Vertex Counseling and Wellness 13228 Executive Park Terrace, Germantown, MD 20874 Phone: 240-489-1108 Fax: 240-474-0068 Website: www.Vertexcw.com</p>	<p>HHS Office for Civil Rights U.S. Department of Health & Human Services 200 Independence Ave. SW Washington, D.C. 20201 Toll-Free: 1-800-368-1019 TTY: 1-800-537-7697 www.hhs.gov/ocr/privacy/hipaa/complaints/</p>
---	---

ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that I have received and/or had the opportunity to review [Your Practice Name]'s Notice of Privacy Practices.

Client Printed Name

Client Signature

Date

Guardian/Legal Representative (if applicable)

If you decline to sign, please note: we may still provide services and are required to document that this Notice was offered to you.

Effective Date: February 16, 2026 | Vertex Counseling and Wellness | 13228 Executive Park Terrace, Germantown, MD 20874
240-489-1108

This Notice complies with HIPAA (45 CFR §164.520) and 42 CFR Part 2 as amended. The current version is posted in our office and on our website.