



Nina Burruss, MD
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Tel: 301-901-8924 | Fax: 301-709-6282

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information (also called “protected health information” or “PHI”) about you/your child may be used and disclosed and how you can access this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE:

Dr. Nina Burruss is committed to honoring the confidentiality of your/your child’s information. This notice describes privacy practices followed by Dr. Burruss and any staff at Arbor Psychiatry. The “designated privacy officer” is Dr. Nina Burruss.

YOUR/YOUR CHILD’S HEALTH INFORMATION:

This notice applies to the information and records Arbor Psychiatry has about your/your child’s health, health status, and the healthcare services you receive by Arbor Psychiatry.

YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED FOR THE FOLLOWING PURPOSES:

1. **Treatment:** Health information about you/your child may be used to provide medical treatment or services. Information may be shared and disclosed to people outside of Arbor Psychiatry in order to coordinate care, such as but not limited to phoning or faxing prescriptions to your/your child’s pharmacy, scheduling or ordering lab work, and communicating with other healthcare providers, schools, or programs who currently provide or will provide care to you/your child. Family members and other healthcare providers outside of this office may be part of your/your child’s medical care and may require information that Arbor Psychiatry has.
2. **Payment:** Health information about you/your child may be used and disclosed to facilitate payment for services. For example, your/your child’s health plan/insurance company may require information about services received here for reimbursement. Information about a treatment you/your child will receive may be provided to your health plan to obtain prior approval.
3. **Healthcare Operations:** If additional staff are hired, health information about you/your child may be used and disclosed to run the office and ensure quality care, for example, to help with scheduling or billing.
4. **Appointment Reminders:** You may be contacted by phone, secure messaging through the patient portal, text message, voicemail, mail, or email, and a message may be left as a reminder of a scheduled appointment at Arbor Psychiatry, consistent with your communication preferences on file.
5. **Treatment Alternatives:** You/your child may be informed about or recommended possible treatment options or alternatives that may be of interest.



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6. **Health-Related Products and Services:** You/your child may be informed about health-related products or services that may be of interest and that relate to your/ your child's care or condition.
7. **Authorizations and Revocation:** Certain uses and disclosures described in this notice require your specific written authorization (for example, most disclosures of psychotherapy notes, marketing communications, or other non-routine disclosures). You may revoke such an authorization at any time by providing written notice. Revocation will be effective when received, but will not apply to any uses and disclosures that occurred before that time. If an authorization is revoked, Arbor Psychiatry may not be permitted to use or disclose information for purposes of treatment, payment, or healthcare operations, and may therefore choose to discontinue providing healthcare treatment.

SPECIAL SITUATIONS:

Health information about you/your child may also be used or disclosed without your permission for the following purposes, subject to all applicable legal requirements and limitations:

1. **Prevention of a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to your/your child's health and safety or the health and safety of another person or the general public. These may be situations that include when a patient discloses an intent to attempt suicide, homicide, or cause serious physical damage to themselves, someone else or to property.
2. **Required by Law:** When required to do so by federal, state, or local law.
3. **Military, Veterans, National Security and Intelligence:** If you/your child are or were a member of the armed forces, or part of the national security or intelligence communities, release of health information may be required by military command or other government authorities. Information about foreign military personnel may be released to the appropriate foreign military authority.
4. **Worker's Compensation:** Health information may be released for workers' compensation or similar programs, with your consent.
5. **Public Health Risks:** Disclosure may occur for public health reasons to prevent or control disease, injury, or disability, or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products. Any unreported and/or suspected abuse of a child, elderly, or vulnerable person must be reported to the appropriate authorities.
6. **Health Oversight Activities:** Disclosure to a health oversight agency for audits, investigations, inspections, or licensing purposes may occur as necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
7. **Lawsuits and Disputes:** If you/your child are involved in a lawsuit or dispute, healthcare information may be disclosed in response to a court or administrative order, or in response to a subpoena, subject to all applicable legal requirements.



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8. **Law Enforcement:** Health information may be released if requested by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.
9. **Correctional Institutions:** Health information may be used or disclosed to a correctional institution as required by law if you/your child are in prison or under the custody of law enforcement officials.
10. **Coroners and Medical Examiners:** Health information may be released to a coroner or medical examiner, for example, if necessary to identify a deceased person or determine the cause of death.
11. **Information Not Personally Identifiable:** Health information about you/your child may be used or disclosed in a way that does not personally identify you or reveal who you are.
12. **Family and Friends:** Health information about you/your child may be disclosed to family members or friends involved in your/your child's care if you provide verbal or written agreement, or if you do not object to such disclosures. In situations where you are not able to give consent due to absence, incapacity, or a medical/psychiatric emergency, Dr. Burruss may, using professional judgment, determine that it is in your best interest to disclose only the information that is directly relevant to the person's involvement in your care or payment for your care.

SUBSTANCE USE DISORDER (SUD) TREATMENT INFORMATION:

If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general written consent you provide to the Part 2 Program to use and disclose the SUD record for purposes of treatment, payment or health care operations, we may use and disclose your SUD record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD record through specific consent you provide to us or another third party, we will use and disclose your SUD record only as expressly permitted by you in your written consent as provided to us. In no event will we use or disclose your SUD record, or testimony that describes the information contained in your SUD record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or court order (after you are notified of the court order). If we create or maintain any records subject to 42 CFR Part 2 and we if we ever intend to use or disclose such records for fundraising for our benefit, we will provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

Health information will not be used or disclosed for any purpose other than those identified above without your/your child's specific, written authorization. Authorization may be revoked in writing at any time, but prior uses or disclosures cannot be taken back.

REDISCLASURE:



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Once your PHI is disclosed to third parties pursuant to this notice, it may be subject to redisclosure by the recipient and in some cases may no longer be protected under HIPAA.

TELEHEALTH:

Telehealth involves using electronic information and telecommunications technologies—such as video calls, phone calls, and secure messaging—to provide healthcare, education, and related services over a distance. Telehealth is a way to deliver care, not a separate medical specialty, and is recognized by the U.S. Department of Health and Human Services. Participation in telehealth at Arbor Psychiatry is voluntary. While telehealth can improve access to care, there are potential risks, including interruptions, technical problems, and the possibility of unauthorized access to information. Arbor Psychiatry uses encrypted technology to help protect the privacy and security of health information. However, even with these protections, there is a risk that security protocols could fail, which could result in a breach of confidential or protected health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU/YOUR CHILD:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your/your child's health information, such as medical and billing records, used to make decisions about care. A written request is required. Requests may be denied in certain limited circumstances, with review by a licensed psychiatrist if required by law.
2. **Right to Amend:** If you believe health information is incorrect or incomplete, you may request an amendment in writing. Requests may be denied if not in writing or lacking a reason. Existing records cannot be changed, but supplemental information may be added as an addendum.
3. **Right to an Accounting of Disclosures:** You may request a list of disclosures made for purposes other than treatment, payment, and healthcare operations. Requests must be in writing and specify a time period not exceeding five years.
4. **Right to Request Restrictions:** You may request a restriction or limit on the health information used or disclosed for treatment, payment, or healthcare operations, or to someone involved in your care or payment. Reasonable requests will be honored when possible, but are not required to be granted if they may cause danger or harm. If services are paid "out-of-pocket" and in full, and you request that protected health information not be disclosed to a health plan, this will be accommodated unless required by law.
5. **Right to Request Confidential Communications:** You may request communication about medical matters in a certain way (e.g., only at a certain phone number). All reasonable requests will be accommodated, but must specify how or where you wish to be contacted.
6. **Right to a Paper Copy of this Notice:** You may request a copy of this notice at any time.
7. **Right to Request Disclosure:** Patients and their legal guardians have the right to request that Dr. Burruss disclose specific portions of their medical information to other healthcare providers, educators, or relevant third parties for the purposes of care coordination, transition of care, or other aspects of the patient's or child's health management. In accordance with



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federal and state privacy regulations, including HIPAA and applicable Maryland law, these disclosures require a valid, written authorization from the patient or legal guardian, except in circumstances where disclosure is otherwise permitted or required by law. Arbor Psychiatry will provide a Release of Information form to be completed and signed to authorize Dr. Burruss to share the requested information.

OUR RESPONSIBILITIES:

Arbor Psychiatry is required by law to maintain the privacy of protected health information, to provide individuals with this notice of legal duties and privacy practices, and to notify affected individuals in the event of a breach of unsecured protected health information.

This notice is effective as of January 26, 2026 and I am required to abide by the terms of this notice currently in effect.

ELECTRONIC COMMUNICATION:

Arbor Psychiatry uses multiple methods to communicate regarding your/your child's care including, but not limited to, the electronic medical record (EMR), phone calls, text messages, emails, and faxes. You may inform Arbor Psychiatry of your preferred methods of communication for matters related to care at Arbor Psychiatry. While Arbor Psychiatry will make reasonable efforts to protect your privacy, please be aware that there are inherent risks associated with electronic communications.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Dr. Burruss at Arbor Psychiatry by contacting Arbor Psychiatry via phone at 301-901-8924. You will not be retaliated against for filing a complaint. To file a complaint with the Department of Health and Human Services, visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

CHANGES TO THIS NOTICE:

Arbor Psychiatry reserves the right to change this notice and to make the revised or changed notice effective for medical information already held as well as any information received in the future. You may request a copy of the current notice by contacting Arbor Psychiatry.

Patient or legal guardian: I have read this document carefully, I understand the risks and benefits of evaluation/treatment or other related services delivered in person or via telehealth, and I have had an opportunity to ask and have answered all of my questions.