

Notice of Privacy Practices - Effective as of 11/23/2025

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This notice is in effect as of November 23, 2025. It describes how medical, mental health, and protected health information (PHI) about you may be used and disclosed and how you can access this information. Please Review Carefully.

1. Your Privacy Matters to Me

I care about your privacy. This notice explains how I protect your personal and mental health information, both in person **and during telehealth sessions (video or phone)**.

By law, I must:

Keep your information private
Explain how I use your information
Follow what is written in this notice

2. How I Use Your Information

I use your information to help provide you with good care. Examples:

A. Treatment

To provide counseling, coordinate care, or consult with other professionals involved in your treatment.

B. Payment

To bill your insurance or confirm your coverage.

C. Office Operations

To run the practice and improve services (for example, quality checks or staff training).

D. When Required by Law

I may share information when legally required to, including:

Reporting child abuse or neglect

Protecting someone from serious harm

Responding to court orders

Complying with Maryland health or licensing agencies

In these cases, I will only share the **minimum necessary** information.

3. Telehealth Privacy

If you receive services by video or phone:

What I do to protect your Privacy:

I use a secure, encrypted, HIPAA-compliant telehealth platform (SimplePractice or Doxy.me)

I do not record sessions unless you give written permission

I store all notes in a secure electronic system (SimplePractice)

What you can do:

Choose a private space for sessions

Use your own password-protected device when possible

Avoid doing telehealth sessions while driving or in unsafe environments

In case of emergencies:

You agree to disclose your physical location during sessions.

If you are in danger, I may contact emergency services or your emergency contact.

4. Maryland-Specific Privacy Rights

Maryland has strong privacy laws. Some highlights:

Minors (Age 16+)

Teens may consent to certain mental health treatment on their own. If so, they may control who sees those records unless there is a safety concern.

Psychotherapy Notes

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Therapy notes kept separately from your main record require special permission to share.

5. When I Need Your Written Permission

I need your written permission (authorization) to:

Send your information to attorneys or third parties

Share psychotherapy notes

Record sessions

Release substance-use treatment information covered under federal law (42 CFR Part 2)

Share information for marketing

You can change or cancel your permission at any time by submitting a request in writing.

6. Your Rights

You have the right to:

See and Get Copies of Your Records

Paper or electronic.

Ask Me to Fix Information

If something is wrong or incomplete.

Ask Me to Limit Sharing

I may not always be able to agree, but will discuss this further with you per your request.

Choose How I Contact You

For example: different phone number, email, or mailing address.

Get a List of Certain Disclosures

You can ask who I've shared your information with in specific situations.

Get a Copy of This Notice

Paper or electronic.

Be Notified if Your Information is Breached

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I must inform you if your unprotected information is accessed improperly.

7. Questions or Concerns?

If you have questions, want to use any of your privacy rights, or believe your privacy has been violated, you may contact:

Practice Privacy Contact: Christie Zell, LCMFT **Phone:** 240-242-5702
Email: christie@Meaning-FullCounseling.com

You may also contact:

U.S. Department of Health & Human Services - Office for Civil Rights
Maryland Attorney General's Office - Health Education & Advocacy Unit

I will **not** retaliate if you file a complaint.