Notice of Privacy Practices

Crescent Behavioral Health Clinic, LLC
Effective November 4, 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.

This notice applies to the health information held by Crescent Behavioral Health Clinic, LLC, including care at our Bel Air and Conowingo offices and through telehealth. It covers information in paper, electronic, and spoken form.

Privacy contact: Crescent Behavioral Health Clinic (CBHC)
Bel Air: 443-589-8207 | Conowingo: 410-670-5466
info@cbhclinic.com

Write to: CBHC Privacy Contact
Crescent Behavioral Health Clinic, LLC
1208 East Churchville Rd., Suite 200, Bel Air, MD 21014

Our other office: 390 Conowingo Rd., Conowingo, MD 21918
Website: cbhclinic.com

Contact CBHC to discuss this notice, exercise a privacy right, or make a complaint. You may call either office or send a written request to the address above. Please call for a secure way to send medical records or sensitive health details.

Your information. Your rights.

You may ask to see or copy your records, request a correction, choose how we contact you, ask us to limit sharing, receive a list of certain disclosures, obtain this notice, use an authorized representative, and file a complaint. The details are on page 2. Our uses and disclosures are on page 3; your choices and additional protections are on page 4.

Our responsibilities

We are required by law to protect the privacy and security of your protected health information, give you this notice, and follow the notice currently in effect. We will notify you promptly, as required by law, if a breach of unsecured protected health information affects you. We will use or disclose information only as described in this notice or with your written authorization.

Changes to this notice

We may change this notice and make the revised terms apply to all health information we maintain, including information already in our records. A revised notice will state its effective date and will be available at our offices, on our website, and upon request. You can always ask for a paper copy.

Your rights

Contact CBHC using page 1 to exercise these rights. We can explain the request process. We may ask for a written request and verify your identity or a representative's authority.

See or obtain your records

You may inspect or obtain an electronic or paper copy of your medical and billing records and other information used to make decisions about you. We will respond within the time required by law: generally within 30 calendar days under HIPAA and within 21 working days for medical-record disclosure requests covered by Maryland law, applying the earlier applicable deadline. Any permitted copying fee will be reasonable and cost-based. We will not withhold records because you owe for care. If access is denied as allowed by law, we will explain the reason and any right to review in writing.

Ask for a correction

You may request an amendment to information you believe is wrong or incomplete. Tell us what should change and why. If we deny the request, we will explain why in writing within 60 days, subject to a permitted extension, and explain how to submit a statement of disagreement.

Choose how we contact you

You may ask us to use a particular phone number, mailing address, or other reasonable way to contact you confidentially. We will accommodate reasonable requests. Tell us how and where you want us to reach you.

Ask us to limit use or sharing

You may request limits on information used or shared for treatment, payment, or health care operations, or with people involved in your care. We do not have to agree to every request. If we agree, we will follow the restriction except as the law permits, such as for emergency treatment. If you pay for an item or service out of pocket in full and ask us not to share information about it with your health plan for payment or operations, we must agree unless disclosure is required by law.

Receive a list of certain disclosures

You may request an accounting of disclosures made during the six years before your request. The list identifies recipients, dates, and reasons. It generally excludes treatment, payment, operations, disclosures you authorized, and other legal exceptions. One accounting in a 12-month period is free; we will explain any permitted fee for additional requests before charging it.

Get this notice or use a representative

You may promptly receive a paper copy of this notice at any time, even if you agreed to receive it electronically. A person legally authorized to act for you, such as a guardian or someone with a medical power of attorney, may exercise your rights to the extent permitted by law. We will verify that authority first.

File a complaint without retaliation

You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights were violated. We will not retaliate against you. Complaint instructions and contact details are on page 4.

How we use and share information

The law permits certain uses and disclosures without a separate written authorization. Each must meet applicable legal conditions. Maryland mental-health protections and the substance use disorder protections on page 4 may further limit the sharing described below.

Treatment

We may use information to provide, coordinate, or manage your care and share it with professionals involved in your treatment. For example, your clinician may discuss medications with another treating clinician to help coordinate safe care.

Payment

We may use and share information to verify coverage, obtain authorization for services, bill, or collect payment. For example, we may send information about a visit to your insurer so it can process the claim. Your right to restrict certain disclosures after paying in full is on page 2.

Health care operations and service providers

We may use and share information to run the clinic, assess quality, improve care, conduct audits, or manage services. For example, we may review records to evaluate care quality. Companies that perform services for us, such as billing support, must protect information under applicable law and required agreements.

Care-related communications

We may contact you with appointment reminders, treatment alternatives, or information about health-related services. You may request confidential communications as described on page 2. Marketing that requires authorization is addressed on page 4.

Other disclosures permitted or required by law

Public health and safety. When authorized or required by law, we may report disease, medication reactions, product safety concerns, or suspected abuse, neglect, or domestic violence, and share information to prevent or lessen a serious and imminent threat.

Oversight and legal requirements. We may provide information for lawful audits, licensing, investigations, and other health oversight activities, or to HHS to assess compliance. We will disclose information when required by applicable law.

Legal proceedings and government functions. We may respond to legally sufficient court orders or other lawful processes, workers' compensation requests, and permitted law enforcement, military, national security, or protective-services requests. A request alone does not remove applicable privacy protections. The additional limits on page 4 apply.

After death and organ donation. Where legally permitted, information may be disclosed to a coroner, medical examiner, funeral director, or an organ procurement organization for its authorized duties.

Research. If use or disclosure for research is proposed, we will obtain authorization unless a legal exception applies and its privacy safeguards are met. This notice does not enroll you in research.

De-identified information. We may use or share information that has been de-identified under applicable law so that it is no longer protected health information.

Your choices and extra protections

Family, friends, and disaster relief

You can tell us whether to share relevant information with people involved in your care or payment, or for disaster relief. If you cannot express a choice, we may share limited information when professional judgment finds it in your best interest and the law allows it. Tell us your preferences using the contact on page 1.

Written authorization and your right to revoke it

We will not use or share your information for marketing or sell your protected health information without your written authorization. Most uses and disclosures of separately maintained psychotherapy notes also require authorization. Other uses or disclosures not described here require authorization unless the law permits or requires them. You may revoke an authorization or consent in writing to the CBHC Privacy Contact. Revocation does not undo action already taken in reliance on it.

Fundraising choices

If we contact you for fundraising, you may opt out of future fundraising communications. Your choice will not affect your treatment or payment. If we hold records protected by 42 CFR Part 2, we will give clear advance notice and a choice to opt out before using those records for fundraising.

Maryland mental-health protections

Maryland law adds protections for mental-health records. When disclosure without your authorization is legally permitted, we release only information relevant to the purpose. We disclose group or family therapy records identifying multiple patients only with the required authorizations or other legal authority. We follow Maryland's court-order requirements for legal proceedings and protections for provider personal notes and psychological testing information. We apply the stricter privacy rule when state or federal law requires it.

Substance use disorder records protected by Part 2

Some substance use disorder records receive additional protection under 42 CFR Part 2. If we receive or maintain such records, those protections apply in addition to HIPAA. We will obtain any consent required by Part 2 before using or disclosing the records. Records received under consent for treatment, payment, or health care operations may be redisclosed as HIPAA permits, subject to Part 2's restrictions.

In all situations, we will not use or disclose Part 2 records, or testimony about their contents, in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a qualifying court order and a subpoena or similar legal mandate. Consent for this purpose must be separate from consent for other uses. A subpoena alone is not enough.

Questions or complaints

To complain to the clinic, call CBHC at **443-589-8207** or **410-670-5466**, or write to the CBHC Privacy Contact at the mailing address on page 1. You may ask for help describing your concern.

You may also complain to the **U.S. Department of Health and Human Services, Office for Civil Rights**: 200 Independence Avenue, S.W., Washington, D.C. 20201; **1-877-696-6775**; or hhs.gov/hipaa/filing-a-complaint/index.html. This includes concerns about protected substance use disorder records. We will not retaliate against you for making a complaint.