

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

KEEP THIS FOR YOUR RECORDS.

As part of my professional practice, I maintain personal information about you and your physical and mental health. "Protected health information" ("PHI") is information about you that may identify you and that relates to your past, present or future physical or mental health condition, services provided, or payment for those services. This Notice of Privacy Practices describes your rights regarding that information, how I may use and disclose that information and my duties to protect that information in accordance with applicable law and the *Social Work Code of Ethics*.

How I May Use And Disclose Health Information About You

For Treatment. Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider involved in your care. In case of emergency, a family member may be contacted. In certain circumstances, I may contact you to discuss treatment options, or to provide follow up to a referral.

For Payment. Your health information may be used in connection with billing statements I send you and for tracking charges and credits to your account. In addition, but with your authorization, I may disclose your health information to third party payers to obtain information concerning benefits, eligibility, and coverage, as well as to submit claims for payment. I may also disclose your health information for medical necessity and utilization review purposes. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of identifying information necessary for purposes of collection.

For Health Care Operations. Your health information may be used or disclosed for the health care operations of my professional practice. Such disclosures would be to provide quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.

Other Uses And Disclosures Also Not Requiring Your Authorization

Required by Law. I may use or disclose your health information to the extent that its use or disclosure is required by law. Examples are public health reports, child or adult abuse reports, law enforcement reports, worker's compensation programs, and reports to coroners, medical examiners in connection with investigation of deaths and if you make a complaint against me to the Washington State Department of Health. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. I may disclose your health information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).