



MasterMind Psychology, P.S.

OFFICE POLICIES & PROCEDURES

This summary describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Client Rights and Responsibilities.

You have the right to ask questions regarding you or your child's treatment at any time.

You have the right to request a change in the treatment approach or method.

You have the right to refuse evaluation or treatment at any time.

You have the right to request a referral to another Psychologist or other mental health resources.

You have the right to see, copy and request to amend your treatment records.

You have the right to know the results of the evaluation.

Confidentiality.

Anything discussed in treatment, any information obtained about you or your child is confidential and can be disclosed to others only with your written, signed consent. You have privileged communication as defined by the laws of the State of Washington. There are several exceptions to this privilege:

If the Psychologist should have reason to believe that a child, developmentally disabled adult, or an elderly person is being abused or neglected, she or he must report the suspected abuse or neglect to the appropriate authorities.

If the Psychologist feels that you, (or your child, if the child is the client) are a danger to yourself or to others, or if the Psychologist feels that you (or your child) have made believable threats of harm towards yourself or others, steps must be taken to protect you (or your child) and/or others. Under court order, the Psychologist may have to disclose specific information to the court.

In the case of a child under the age of 13, the parent(s) or legal guardian holds the communication privilege. This means that the parent is the person who authorizes any release of information about the child. At the age of 13 the child holds the right of consent. The Psychologist will keep the confidentiality of the child, unless the Psychologist has strong evidence that disclosure is in the best interest of the child.

From time to time, the Psychologist may discuss matters relating to you or your child during ongoing supervision/consultation with our colleagues and exchange information with referring professionals.

Uses and Disclosures.

We may use and disclose your health information in order to treat you or your child or to assist other health care providers in treating you or your child. We may disclose your health information in order to obtain payment for our services. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students. Except as noted in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. All disclosures except to third party payers will be noted in the treatment record. You may review this record at any time.

We will inform you if we change this Notice. A copy of the revised Notice will be available upon request. We may change our practices and those changes may apply to medical information we already have about you as well as any new information. This Notice will be given to you on the date that you first receive treatment from MasterMind Psychology, P.S. In an emergency, we will give you the Notice as soon as possible after the emergency treatment has been given.

If you have a concern or complaint regarding privacy practices you may contact Angela Hille, Ph.D. at 509-292-6629. You may also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to protect the privacy of your health information.

Your signature below indicates that you have read and agree to these policies.

Client/Parent/Guardian Signature

Date