



Last revised: August 1, 2022

Notice of Privacy Practices

effective 03/01/2018

This Notice describes how protected health information (PHI) about you may be used and disclosed and how you may gain access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information. The federal government has privacy rules, which require that I provide you with information on how I might use or disclose your identifiable health information.

My Commitment to Your Privacy

As a mental healthcare provider, I use your confidential health information and create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. I understand that this health information is personal, and I am dedicated to maintaining your privacy rights under federal and state laws.

I am required by law to:

- (1) make sure that your health information is kept private;
- (2) give you this Notice of my legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

How I May Use or Disclose Your Health Information Without Your Authorization

The following information describes different ways that I may use or disclose your health information without your authorization. For each category of use or disclosure, I will explain what I mean and give examples to help you better understand each category. Although I cannot list every use or disclosure within a category, I am only permitted to use or disclose your health information without your authorization if it falls within one of these categories. **If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), I am required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information.** Once I have obtained your consent on the appropriate form used by me or an organized health care arrangement facility involved in your treatment, I will treat the disclosure of such information in accordance with my privacy practices outlined in this Notice.

Categories for Uses and Disclosure

Treatment

I may use health information about you to provide you with medical treatment or services. I may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other healthcare personnel or healthcare trainees who are involved

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in taking care of you at I or at an organized health care arrangement facility or at another healthcare provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments within I and within an organized health care arrangement also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

Payment

I may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from me. For example, I may need to give your health insurance plan information about your treatment so your health insurance plan will pay me or reimburse you for the treatment, or in order to determine whether your health insurance plan will cover the treatment.

Mental Health Care Operations

I may use and disclose health information about you for my mental health care operations. For example, I may use health information to review my treatment and services and to evaluate the performance of my staff in caring for you. I may also combine health information about my patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective.

Appointment Reminders, Follow-up Calls and Treatment Alternatives

I may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine I may leave a message. I also may send you an appointment reminder by mail in a discreet envelope.

Individuals Involved in Your Care or Payment for Your Care

If given your consent, I may disclose health information to a friend or family member who is involved in your care or who assists in taking care of you or your child. I may also give information to someone who helps pay for your care. I may disclose health information about you to an entity assisting in a disaster relief effort.

As Required By Law

I will use or disclose health information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

I may use or disclose health information when necessary to prevent a serious threat to your health, and safety, another person, or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

Uses and Disclosures Subject to State and Other Laws

In addition to the federal privacy regulations that require this notice (called the "HIPAA" regulations), there are Washington and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPAA regulations would permit disclosure without your permission. I am required to comply not only with the HIPAA regulations but also with any other applicable laws that impose stricter nondisclosure requirements.

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Special Situations

I may also use or disclose your health information without your authorization in the following situations:

Lawsuits and Disputes

I may disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or in some instances, to obtain an order protecting the health information requested.

Law Enforcement

In response to a court order, subpoena, warrant, summons or similar process; or upon request by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person or to obtain information about the victim of a crime if, under certain limited circumstances, I am unable to obtain the victim's authorization. I may report a death I believe may be the result of criminal conduct or report suspected criminal conduct occurring on the premises. I may also report information related to suspected child abuse.

Coroners, Medical Examiners and Funeral Directors

To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. I may also release health information about patients treated by me to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

To authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates

To the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses and Disclosures That Require Your Authorization

Other types of uses and disclosures of your health information not described in this Notice will be made only with your written authorization. You may revoke your authorization by giving me written notice. If you revoke your authorization I will no longer use or disclose your health information as permitted by your initial authorization, except as required by law or as stated in any exceptions listed in the authorization. Please understand that I will not be able to take back any disclosures I have already made and that I am still required to retain my records containing your health information that documents the care that I provided to you.

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Your Rights Regarding Your Health Information

effective 03/01/2018

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your medical record and billing records. To inspect and copy your medical or billing record, you must submit your request in writing. You need to include in your request your name, social security number, date of birth and dates of service, if known. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. I may deny your request to inspect and copy records in certain limited circumstances.

Right to Request an Amendment

If you feel that health information I have about you is incorrect, you may ask me to amend it. You have the right to request an amendment for as long as the health information is kept by me. To request an amendment, your request must be made in writing to me. You must provide a reason that supports your request. You need to include in your request your name, social security number, date of birth and dates of service, if known. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend health information that:

- Was not created by me;
- Is not part of the health information kept by me;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request a list of the disclosures I made of your health information. To request this list of disclosures, you must submit your request in writing to me. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, social security number, date of birth and dates of service if known. You may not request disclosures that are more than five years from the date of your request. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information I disclose about you to someone who is involved in your care or the payment for your care. To request restrictions, you must make your request in writing to me. In your request, you must tell me (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that I communicate with you about professional matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing to me. You will need to include your name, social security number, date of birth and dates of service, if known. I will not ask you the reason for your request. I will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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Right To Receive a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice, which you may ask for at any time.

Changes to This Notice

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective for health information I already have about you as well as any information I receive in the future. You may request a copy of the current Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with me, with the Washington State Licensing Board, or with federal authorities that oversee the licensing and practice of psychologists.