

**Joyce M. Almerigi Counseling and Psychotherapy LLC**

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206.581.9555  
[therapy@joycealmerigi.com](mailto:therapy@joycealmerigi.com)

**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.

As part of my professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. “Protected health information” (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

**Your Rights Regarding Your PHI:**

The following are your rights regarding PHI I maintain about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that I maintain. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that I make of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right of Complaint. You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

**My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations:**

**Treatment:** I may use or disclose your PHI to coordinate or manage your treatment. An example of *treatment* would be when I consult with another healthcare provider or therapist.

**Payment:** I will disclose your health care information if you request that I bill a third party. An example of *payment* is when I disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage.

**Health Care Operations:** I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Examples of *health care operations* are Business Associates for health care education, or to provide planning, quality assurance, peer review, assessment activities, case management, administrative, legal, or financial services to assist me in my delivery of your health care.

**Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object:**

**Required by Law:** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigation or determining my compliance with the requirements of the Privacy Rule.

**Health Oversight:** I may disclose your PHI 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).

**Threat to Health or Safety:** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Appointment Reminders:** I may use your PHI to contact you to remind you of your appointments with me. **Business Associates:** I may disclose your PHI to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf which may involve their collection, use or disclosure of your PHI. My contract with them must require them to safeguard the privacy of your PHI.

**Uses and Disclosures of PHI with Your Written Authorization:**

I will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

**This Notice:**

This Notice of Privacy Practices informs you how I may use and disclose your protected health information (“PHI”) and your rights regarding your PHI. I am required by law to maintain the privacy of

your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request or providing a copy to you at your next appointment.

**Contact Information:**

I am my own Privacy Officer:

If you have any questions about this Notice of Privacy Practices, please contact me:

Joyce Almerigi, MA, LMHCA

206.581.9555

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Normandy Park, WA. 98148

**Complaints:**

If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer, specified above. I will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

I hereby acknowledge receiving a copy of this notice.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_