

Aging Care Consultation Services PLLC

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Notice of Privacy Practices

This tells about how Aging Care Consultation Services PLLC (“we”) may use and disclose medical information about you and how you can get access to this information. Please review it carefully and let me know if you have any questions.

I. We have a legal duty to safeguard your protected health information (PHI)

We are legally required to protect the privacy of your health information. We call this information “Protected Health Information” or PHI for short, and it includes the information that can be used to identify you that we’ve created or received, about your past, present, or future health or condition, the provision of health care to you, or the payment for this health care.

We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies we will promptly change this notice and post a new notice in waiting areas of our facilities. You can also request a copy of this notice at any time.

II. How we may use and disclose your PHI

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Use and disclosures relating to treatment, payment, or health care operations. We may use and disclose your PHI for the following reasons, without consent or authorization:

1. For treatment. We may disclose your PHI for example to providers and clinicians who provide you with services or are involved in your care, such as medication

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prescribers, hospitals or Chemical Dependency Professionals (CDP) and/or Mental Health Professionals (MHP).

2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.

3. For behavioral health care operations. We may disclose your PHI in order to operate this practice. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the professionals who provided health care services to you. We may also provide data to consultants and others to make sure we're complying with laws that affect us.

B. Certain uses and disclosures do not require your authorization. We may use and disclosure your PHI without your authorization for the following reasons:

1. When a disclosure is required by Federal, State or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence or when ordered in a judicial or administrative proceeding.

2. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

3. For public health activities. We may report information to a public health authority for the purpose of, for example, preventing or controlling disease.

4. For specific government functions. We may disclose PHI for national security purposes, such as protecting the President of the United States.

5. For health care oversight activities. We may release PHI to health care oversight agencies if authorized by law, such as to government benefit programs regarding your eligibility for benefits.

6. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.

7. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

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C. All other uses and disclosures require your prior written authorization. In any other situation not described in Sections II., A and B above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

III. What rights you have regarding your PHI

You have the following rights with respect to your PHI.

A. The right to request limits on uses and disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. The right to choose how we send PHI to you. You have the right to ask that we send information to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

C. The right to see and get copies of your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI, but we know who does, we will tell you how to get it. We will respond to you within 15 working days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your rights. If you request copies of your PHI, we will charge you the standard copying fees allowed by Washington State law. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The right to get a list of the disclosures we have made. You have the right to get a list of the instances in which we have disclosed your PHI. The list will not include uses or disclosures to which we have a right, such as those made for treatment, payment, or health care operations, directly to you, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before January 1, 2003. We will respond within 30 days of receiving your request. The list we will give you will include

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disclosures made in the last eight years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), and description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you the standard copying fees allowed by Washington State law for each additional request.

E. The right to correct or update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing if the PHI is (1) incorrect or incomplete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

IV. How to complain about our privacy practices

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, we encourage you to discuss it with us. You may also send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint.

V. Effective date of this notice

January 1, 2014 – renewed 1/1/2015; 1/1/2016; 1/1/2017; 1/1/2018; 1/1/2019, 1/1/2020, and 7/1/2020.