

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 it carefully.

Your Rights Regarding Your Protected Health Information

This section explains your rights and some of my responsibilities to help you. You may exercise any of these rights by submitting your request in writing to Redeeming Hearts, PO Box 368, Pullman, WA 99163. I will evaluate each request and communicate to you in writing whether or not I can honor the request. I may also charge a reasonable fee for cost associated with your request. I will notify you in advance of the cost, and you may withdraw your request before you incur any cost.

You have the right to:

Get an electronic or paper copy of your medical record

- * You can ask to see or get an electronic or paper copy of your medical record and other health information that I maintain. Access to the medical record may be restricted only in limited circumstances.
- * Requests for a copy of electronic records, if feasible, will be provided in PDF file format and will not be transmitted via email.
- * I will provide a copy or a summary of your health information, usually within 30 business days of your request. I may charge a reasonable, cost-based fee for printing and copying of documents.

Ask me to amend your medical record

- * You can ask me to amend health information about you that you believe is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for me. A copy of any amendment request will become part of your record.
- * I may deny your request, and will explain my decision in writing within 21 business days.
- * If I deny your request, you may give me a written statement of disagreement. I may add a rebuttal statement. These documents will become part of your protected health information.

Request confidential communication

- * You can ask me to contact you in a specific way (e.g. home or office phone) or to send mail to a different address.
- * I will accommodate all reasonable requests.

Ask me to limit the information I use or share

- * You can ask me not to use or share certain health information for treatment, payment, or my practice operations. I am generally not required to agree to your request, and I may deny the request if I deem it would adversely affect your care or my professional practice operations.
- * You also have the right to request a limit on the health information about you that I share with someone who is involved in your care, like a family member or friend. If I agree to this request, then I will honor your request unless information is needed to provide you emergency treatment.
- * If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will accommodate this request unless a law requires me to share that information.

Get a list of those with whom I have shared information

- * You can ask for a list (accounting) of certain disclosures I have made of your protected health information.
- * I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make), unless I am required by law to do so. I will provide

one accounting a year for no cost but will charge a reasonable, cost-based fee if you request another one within 12 months from the first request.

Get a copy of this privacy notice

* You can ask for a paper copy of this notice at any time and I will furnish you with a paper copy.

Choose someone to act for you

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.

* I will do my best to verify this person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

* I am my own Privacy/Security Official. If you have questions about this Notice of Privacy Practices or if you feel I have violated your privacy rights, please contact me at 425-275-2923 or submit your complaint in writing to Redeeming Hearts, PO Box 368, Pullman, WA 99163.

* You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

* I will not retaliate against you for filing a complaint.

Uses and Disclosures of Protected Health Information

I may use and share your protected health information in order to:

Provide professional services to you

* I can use your health information and share it with other professionals who are treating you. Example: A healthcare provider treating you for a condition may ask another healthcare provider about your overall health condition.

Operate my professional counseling practice

* I can use and share your health information to run my practice, improve your care, and contact you when necessary. Example: I use health information about you to manage your treatment and services.

* I may use and share your health information with contracted Business Associates who provide business services such as quality assurance, peer review, administrative, legal or financial services to assist me in the delivery of health care services.

Receive payment for my services and other financial accounting practices

* I can use and share your health information with third party payers, such as your health insurance company, to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment, unless you have requested and I have specifically agreed to restrict disclosure of protected health information to your health insurance company.

* I can use your protected health information to engage in financial accounting practices such as tracking charges and credits to your account and creating account statements.

Tell you about scheduled appointments and treatment alternatives

* I may use your information to remind you of an appointment; tell you about or recommend possible treatment options or alternatives; and/or tell you about health related benefits or services that may be of interest to you.

How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public

good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes.

As required by law

* I may use or disclose your protected health information 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 (e.g. child abuse or vulnerable adult abuse), 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 investigating or determining my compliance with the requirements of the Privacy Rule.

Serious threat to health and safety

* I may disclose your protected health information to minimize or avoid imminent danger to your health or safety, or the health or safety of any other individual.

Health oversight

* I may disclose your protected 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.

Criminal activity on premises and/or criminal activity against counselor

* I may disclose your healthcare information to law enforcement officials if you have committed a crime on the Redeeming Stories' premises or against any program staff or personnel or you have made a threat to commit such crimes. Such disclosure is limited to circumstances of the incident, including name, address, status as a patient, and last known whereabouts.

Business associates

* I may disclose your protected health information to the extent minimally necessary to Business Associates that are contracted with me to perform health care operations or payment activities on my behalf, which may involve their collection, use or disclosure of your protected health information. To safeguard the privacy of your protected health information, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use or re-disclosure of your protected health information, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate to require such obligations of a subcontractor.

Judicial or administrative proceedings

* I will disclose your protected health information if a court issues an appropriate order. I will also disclose your protected health information if 1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the protected health information sought, and the date by which a protective order must be obtained to avoid my compliance, 2) no qualified judicial or administrative protective order has been obtained, 3) I have received satisfactory assurances that you received notice of your right to seek a protective order, and 4) the time for your doing so has elapsed.

Medical emergencies

* I may use or disclose your healthcare information in a medical emergency situation to emergency response personnel. For example, I may disclose information to medical personnel who have a need for such information, to treat a condition that poses an immediate threat to any person's health and requires immediate medical attention.

Worker's compensation

* If you file a worker's compensation claim, I must make all mental health information in my possession that is

relevant to the injury available to your employer, your representative, and the Department of Labor and Industries upon their request.

With your authorization

* To the extent that any use and disclosure of protected health information is not allowed by law without your written permission, I will obtain your authorization as described in the next section titled “Your Choices” of this Notice.

Your Choices

You have some choices in the way that I use and share your protected health information. If you have a clear preference for how I share your information in the situations described below, please discuss it with me and I will follow your directive. If you desire for me to disclose information in these situations, you will need to complete an authorization form requesting the disclosure.

In these situations, you have both the right and the choice to tell me to:

- * Share information with your family, close friends, or others involved in your care
- * Share information with prior treatment providers
- * Share information in a disaster relief situation

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these situations I never share your information:

- * I do not engage in academic or commercial research involving client protected health information.
- * I do not engage in marketing activities using client protected health information.
- * I do not sell protected health information or engage in fundraising using protected health information.
- * I do not maintain directory information for public disclosure.
- * I do not receive compensation for recommending a health care product or service.

My Responsibilities: Protecting Your Privacy

I must do the following and more:

- * I am required by law to maintain the privacy and security of your protected health information.
- * I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- * I must follow the duties and privacy practices described in this notice and provide you a copy of it at your request.
- * I must ask you to sign a document stating you have been provided notice of my legal duties and privacy practices with respect to your protected health information, all of which are stated in this document.
- * I will not use or share your information other than as described on this notice unless you authorize such sharing in writing. If you authorize such sharing, you may change your mind at any time by letting me know in writing that you have changed your mind.

Changes to the Terms of this Notice

I can change the terms of this notice at any time. Any revised Notice of Privacy Practices will be effective for all protected health information that I maintain at that time including any information created or received prior to issuing the new Notice. The revised Notice of Privacy Practices will be available upon request, in my office, and on my website www.redeeminghearts.com. The effective date of this Notice is February 6, 2016

Revision Date: 02/06/16

This form is educational only. It does not constitute legal advice.