

Notice of Privacy practices

Affordable EMDR Counseling

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This information will include Protected Health Information (PHI), as that term is defined in privacy regulations issued by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as applicable, RCW Chapter 70.02 entitled “Medical Records - Health Care Access and Disclosure.”

Please review it carefully. We respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatments, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Protected Health Information: Protected health information means individually identifiable health information: • Transmitted by electronic media. • Maintained in any medium described in the definition of electronic media; or • Transmitted or maintained in any other form or medium. Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations For treatment: • Information obtained by a nurse, physician, clinical psychologist, MSW, therapist, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. • We may also provide information to others providing you care. This will help them stay informed about your care.

For payment: • In Washington State, written patient permission is required to use or disclose PHI for payment purposes, including to your health insurance plan. We will have you sign another form Assignment of Benefits or similar form for this purpose (RCW 70.02.030(6)). Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed, or recommended care. For health care operations: • We use your medical records to assess quality and improve services. • We may use and disclose medical records to review the qualifications and performance of

our health care providers and to train our staff. • We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services. • We may use and disclose your information to conduct or arrange for services, including medical quality review by your health plan, accounting, legal, risk management, and insurance services, audit functions, including fraud and abuse detection and compliance programs.

Psychotherapy Notes: Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

An authorization to use or disclose psychotherapy notes is required except if used by the originator of the notes for treatment, to a person or persons reasonably able to prevent or lessen the threat (including the target of the threat), if the originator believes in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the notes are to be used in the course of training students, trainees or practitioners in mental health; to defend a legal action or any other legal proceeding brought forth by the patient; when used by a medical examiner or coroner; for health oversight activities of the originator; or when required by law. Client can request access to their Progress notes and Psychotherapy notes via email, website, portal secure messaging.

Special Authorizations Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws such as:

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contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services. • We may use and disclose your information to conduct or arrange for services, including medical quality review by your health plan, accounting, legal, risk management, and insurance services, audit functions, including fraud and abuse detection and compliance programs.