



## Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Uses and Disclosures for Treatment, Payment and Health Care Operation

We may use or disclose your protected health information (PHI) for treatment, payment and health care operation purposes without your authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you
- “Treatment, Payment and Health Care Operations”
  - “Treatment” is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your primary care physician or another mental health professional.
  - “Payment” is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - “Health Care Operations” is when we disclose your PHI to your health care service plan or to your other health care providers contracting with your plan, for administering the plan, such as case management or care coordination.
  - “Use” applies only to activities within our office such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
  - “Disclosure” applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.
  - “Authorization” means written permission for specific uses or disclosures.

### II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during private, group, joint or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorization (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until we receive it. You may not revoke an authorization to the extent that: 1) we have relied on that authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures with neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following instances:

- **Child Abuse:** If we have reasonable cause to believe that a child has suffered abuse or neglect, we are required by law to report it to the proper law enforcement agency and/or the Washington Department of Social and Health Services.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, we must immediately report the known or suspected abuse to the Washington Department of Social and Health Services. If we suspect that sexual or physical abuse has occurred, we must immediately report to the appropriate law enforcement agency and the Washington Department of Social and Health Services.
- **Health Oversight:** If the Washington State Department of Health subpoenas us as part of its investigation, hearing or proceedings relating to the discipline, issuance or denial of licensure of state licensed mental health professionals, we must comply with its orders. This could include disclosing your relevant mental health information.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you, we must not release that information without: 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides us with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion in court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim(s), we must make reasonable efforts to communicate that information to the potential victim and the police. We may disclose your confidential mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize danger to your health or safety, or the health and safety of any other individual.
- **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, we must make available, at any stage of the proceedings, all mental health information in our possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries to: your employer, your representative, and the Department of Labor and Industries upon request.

### IV. Patient's Rights and Therapist's Duties

#### Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address).
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. We will discuss with you the details of the request and denial process upon request.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the Notice from us upon request, even if you have agreed to receive the Notice electronically.

#### Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required by law to abide by the terms currently in effect.
- If we revise our policies and procedures, we will let you know that we have done so either in person, by mail or telephone.

### V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may discuss with this with us.

If you believe that your privacy rights have been violated and wish to file a complaint with us/our office, you may send your written complaint to us. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.