

Notice of Privacy Practices

This notice describes how your mental health records may be used and disclosed and how you can get access to this information. Please review it carefully. This policy will be available in your client portal upon signing. A paper copy of this notice is also available upon request from your therapist.

The Notice is provided to you on behalf of Sandbox Child and Family Counseling, PLLC (Sandbox) and its provider Magen Holgate, LICSW (collectively referred to herein as “we”, “us” or “our”).

Sandbox is committed to protecting the confidentiality of your mental health information. We are required by law to maintain the privacy of your Protected Health Information (commonly called PHI or health information), including PHI in electronic format. We are also required to notify you of our legal duties and privacy practices regarding your health information and abide by the practices of this Notice, unless more stringent laws or regulations apply. The law requires that we obtain your signature acknowledging that we have provided you this information. If you have any questions, it is your right and obligation to ask your provider for further discussion prior to signing this document.

This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information used for the purpose of treatment, payment, and mental health care operations.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. There are some situations where we are permitted or required to disclose information without either your consent or authorization. If such a situation arises, we will limit our disclosure to what is necessary. Reasons we may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information may be protected by the psychotherapist-patient privilege law. We will not provide any information without your (or your legal representative's) written authorization, or a court order, or if we receive a subpoena of which you have been properly notified and you have failed to inform us that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order us to disclose information. Consistent with applicable law, we may provide information without your authorization if we reasonably believe that such disclosure will avoid or minimize the health or safety of you or any other individual.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, we may be required to provide it for them.

3. If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
4. For law enforcement purposes, including reporting crimes occurring on our premises.
5. To coroners or medical examiners, when such individuals are performing duties authorized by law.
6. If a client files a worker's compensation claim, and we are providing necessary treatment related to that claim, we must, upon appropriate request, submit treatment reports to the appropriate parties, including the client's employer, the insurance carrier or an authorized qualified rehabilitation provider.
7. We may disclose the minimum necessary health information to business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a client's treatment:

1. If we know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that we file a report with Washington Child Protective Services (CPS). Once such a report is filed, we may be required to provide additional information.
2. If we know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that we file a report with Washington Adult Protective Services. Once such a report is filed, we may be required to provide additional information.
3. If we believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, we may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

Use and Disclosure of Protected Health Information that we may make without your authorization:

- **To Contact You** – Your information may be used to contact you to remind you about appointments, provide assessment information, inform you about treatment options or advise you about other mental health-related benefits and services.
- **For Treatment** – Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose

your PHI for the treatment activities of any health care provider who is providing you with health-care services. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. We may share your information electronically with your health-care providers in order to make sure they have your information as quickly as possible to treat you.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultation between health care providers and referrals of a patient for health care from one health care provider to another.

We may disclose health information to a family member, relative, or another person who was involved in your health care or payment for health care when you are deceased, if such disclosure is not inconsistent with your prior expressed preferences.

- **For Payment** – In order to obtain payment for your mental health-care services, we may have to provide your health information to the party responsible for paying. This may include your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the mental health-care services provided to you or providing approval for treatment.
- **For Operations** – Your health information may be used in order to support our business activities and to assure that quality mental health-care services are being provided. Some of these activities include quality assessments, peer or employee consultation or review, training, licensure, and audits by regulatory agencies.

Use and Disclosure of Protected Health Information that we may make with your authorization:

We will not use or disclose your PHI for marketing purposes or sell your PHI in the regular course of business. Certain uses and disclosures of your health information, including release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, which revocation will be effective except to the extent that we have already acted in reliance on the authorization. Federal and state laws may place additional limitations on the disclosure of your health information for drug or alcohol abuse treatment programs, sexually-transmitted diseases, or mental health treatment programs. When required by law, we will obtain your authorization before releasing this type of information. Uses and disclosures not otherwise described in this Notice will be made only with your written authorization or in accordance with applicable law.

CLIENT RIGHTS AND THERAPIST DUTIES

Client's Rights:

- ***Right to Treatment*** – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.
- ***Right to Restrict Disclosure to Health Plans*** – You may request in writing, at the time of service, that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met.
- ***Right to Request Restrictions*** – You have the right to ask us to place restrictions on the way we use or disclose your health information for treatment, payment or health-care operations. We will consider your request but are not required to agree to the restriction (except as described below). If we agree to a restriction, we will not use or disclose your health information in violation of that restriction, unless needed for an emergency or otherwise in accordance with applicable law. If a restriction is no longer feasible, we will notify you.
- ***Right to Confidential Communications*** – We will accommodate reasonable requests to communicate with you about your health information by different methods or alternative locations.
- ***Breach Notification*** – You have the right to receive notification of breaches of your health information as required by law.
- ***Right to Access to Your Health Information*** – You have the right to receive an electronic or paper copy of your PHI in our designated mental health record set and any billing records for as long as PHI is maintained in the records, with some limited exceptions. You may request access to your information in writing with completed release of information form. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information. Our current fee is .10 a page for physical copies, and .05 a page for electronic copies, plus the cost of postage and media, if applicable. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.
- ***Right to Amend*** – You have the right to ask us to amend any of your health information. You need to request this amendment in writing and submit to your provider. We may deny your request in certain situations, such as when the health information in your records was created by another provider or if we determine your information is accurate and complete. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement.
- ***Right to a Copy of This Notice*** – By your acknowledgment below, you indicate that you have received and reviewed a complete copy of this document. If you received the paperwork electronically, you can access a copy in your client portal at any time. If you completed this paperwork in the office, at your intake session a copy will be provided to you. You have the right to a paper copy of this Notice or electronic copy by request at any time.
- ***Right to Release Information with Written Consent*** – With your written consent, any part of your record can be released to any person or agency you designate. Your provider will discuss with you whether they believe releasing the information in question to that person or agency might be harmful to you.

- **Right to an Accounting of Certain Disclosures** – You have a right to a listing of the disclosures we make of your health information, except for those disclosures made for treatment, payment or health-care operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. Exercising Your Rights: To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, please speak with your provider.

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 terms of this notice and to make the new notice provision effective for all personal health information we maintain. The revised notice will be provided at your next appointment or may be requested at any time by contacting us.

QUESTIONS AND COMPLAINTS

If you have questions or are concerned that any of your privacy rights have been violated, please contact our Privacy Officer, Magen Holgate at **206-973-3382**.

You also have the right to complain to the Secretary of Health and Human Services at:

Office for Civil Rights
 U.S. Department of Health and Human Services
 2201 Sixth Avenue - M/S: RX-11
 Seattle, WA 98121

You will not be retaliated against for filing a complaint.

Your signature below serves as an acknowledgement that you have received the privacy notice form described above. You acknowledge that if you are executing and delivering this document electronically that you intend this document to be executed for all purposes.

Notwithstanding anything in this notice, this notice is intended to be informational only, and is not intended to increase our obligations under applicable patient privacy laws.

 Client/Legal Guardian Signature

 Date

 Printed Name