

POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION (HIPAA)

This notice describes how information about you may be used and disclosed and how you can get access to this information.

I may disclose your Protected Health Information (PHI) for treatment, payment and for the purpose of health care operations with the consent you have provided by signing my “Agreement for Psychological Services” form, or in certain cases, by requesting that you sign a specific Authorization allowing me to disclose health care information about you.

- PHI: Information in your treatment record that identifies you
- TREATMENT: Provided health care or management of your care, for example, consultation with another provider
- PAYMENT: Reimbursement or an attempt to obtain authorization of reimbursement
- HEALTH CARE OPERATIONS: Activities that relate to running my practice, which may include an outside assessment of my compliance with regulations, audits, administrative services, case management, etc.
- USE: Activities within the office that manage services
- DISCLOSURE: Activities outside the office, including the release of information to other individuals or organizations

USES AND DISCLOSURES REQUIRING AUTHORIZATION:

By signing an Authorization form, you allow me to disclose information about you for treatment, payment and health care operations. This provides specific permission beyond that which you have given by signing my “Agreement for Psychological Services” form. I will ask you to sign an Authorization form to release information for your treatment elsewhere, payment or health care operations. I will also ask you to sign an Authorization form if you request that I release your Progress Notes. These are notes that I have made for my use to assist me in providing your care. These notes contain sensitive material and are not written with the intention of being released, so they are given a higher degree of protection than PHI.

You may revoke all authorizations at any time by written request. You may not revoke an authorization if I have already acted based on your prior signature. If the authorization was obtained as a condition of using insurance benefits, your insurance company has the right to receive information to contest a claim.

USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION:

I may use or disclose PHI without your consent or authorization:

- If I have reasonable cause to believe that a child has been abused or neglected.
- If I have reasonable cause to believe that an elderly or vulnerable person has been abused, neglected, abandoned or exploited. If I suspect physical or sexual assault, I must also inform law enforcement.
- If the WA State Examining Board of Psychology subpoenas me as part of an investigation, I am required to comply and may be asked to disclose your PHI.
- If you are involved in a legal action and I receive a request for information about the services I have provided. Your PHI is privileged under State law, but I must release your PHI if I am presented a signed Authorization from you or your representative, if I receive a properly executed subpoena and you have not informed me that you are contesting the subpoena, or if I am ordered to release your PHI by a court. This privilege does not apply if you are here by order of the court or a third party.
- If I have reasonable cause to believe that you are a threat to yourself or another person's health or safety, I am required to report this suspicion.

PATIENT RIGHTS:

You have the right to request restrictions on certain uses and disclosures of your PHI, however I am not required to agree to your requested restrictions.

- PHI that you request will normally be provided via mail or phone, unless you provide a written request to receive your PHI elsewhere.
- You have a right to review or to receive a copy of your file including PHI and Progress Notes, however I may deny you access. You can appeal my denial. I will likely discourage your review of Progress Notes as they contain material that was written as an aide for me and not intended to be released.
- You have the right to request an amendment of your PHI, however I may deny your request. Upon your request, I will discuss the process for executing this amendment.
- You have the right to receive an accounting of disclosures made to your PHI for which you have not provided consent nor authorization. Upon your request, I will discuss the process for obtaining your accounting.
- You have the right to obtain a replacement copy of this notice.

PSYCHOLOGIST DUTIES:

- I am required by law to maintain the privacy of your PHI and to provide this notice.
- I may from time to time change my privacy policies. Unless I notify you of a change, my policies will remain as written in this document.

COMPLAINTS:

If you believe I have violated your privacy rights or you disagree with a decision I make regarding access to your PHI or Progress Notes, you may contact the Examining Board of Psychology at 360-236-4910 or at Box 47869, Olympia, WA 98504-7869. You may also send a written complaint to the Secretary of the U.S. Dept. of Health & Human Services.

Effective: 4/14/2003