

## **Policies & Practices to Protect the Privacy of Your Health Care Information**

This document contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. Policies and practices detailed here were developed to protect your information. Please discuss with me any questions you have regarding what is included here.

### **Uses and Disclosure for Treatment, Payment, and Health Care Operations**

I may use or disclose your PHI for treatment, payment, and for the purpose of health care operations with the consent you have provided by signing my “Psychotherapy Information and Agreement for Psychological Services”, (or in certain cases, by requesting that you sign a specific Authorization allowing me to disclose health care information about you). “Health care operations” are activities that relate to running my practice, which can include an outside assessment of my compliance with regulations, audits, administrative services, case management, and other business-related matters.

### **Use and Disclosures Requiring Authorization**

By signing an *Authorization* form, you allow me to use or disclose information about you for purposes of treatment, payment and health care operations. This provides specific permission above and beyond that which you have given by signing my “Psychotherapy Information and Agreement for Psychological Services”. I will request that you sign an Authorization form if I am asked to release information for purposes related to your treatment elsewhere. In addition, you will need to sign an Authorization form if you request that I release your Progress Notes. Progress notes are treatment notes I have made for my use to assist me in providing your best care possible. These notes may contain sensitive material and are not written with the intention of being released, so they are given a higher degree of protection than PHI. Also, I will obtain a signed Authorization from you before using or disclosing PHI in a way that is not described in this notice.

You may revoke all authorizations at any time by written request. You may not, however, revoke an authorization if I have already taken action on it based on your prior request and signature. Further, if the authorization was obtained as a condition of acquiring or using insurance benefits, your insurance company has a legal 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 in the following instances:

- If I have reasonable cause to believe a child has been abused or neglected, I am required to report my suspicion to law enforcement and to the Department of Social and Health Services.
- If I have reasonable cause to believe that an elderly person or other vulnerable adult has been abused, abandoned, exploited or neglected, I am required to report my suspicion to the Department of Social and Health Services. If I have reason to suspect sexual or physical assault, I must additionally inform law enforcement.
- If the Washington 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 proceeding and a request is made for information regarding the services I have provided. Your PHI is privileged under State law; however, I must release your PHI if I am presented with a signed Authorization from you or your representative, if I receive a properly executed subpoena and you have failed to inform me that you are contesting the subpoena, or if I am ordered to release your PHI by a court of law. This privilege does not apply when you are being evaluated by order of the court of for a third party.
- If I have reasonable cause to believe that you are a threat to your own or another person's health or safety, I am required to report this suspicion in order to protect your well-being or that of another person.
- If you file a Worker's Compensation claim, I must make available any PHI in my possession that is relevant to your particular injury. Relevance is determined by the Department of Labor and Industries. This department, along with your employer and any personal representative can request your PHI.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the HIPAA Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

## **Client Rights**

- PHI that you request will normally be provided through your common mailing address and phone numbers. You have the right to provide a written request to receive communication of your PHI at an alternate address or phone.
- You have the right to request restrictions on certain uses and disclosures of your PHI.
- You have the right to request an amendment of your PHI. Upon your request, I will discuss the process of executing this amendment.
- You have the right to view or receive a copy of your file including PHI, however I may deny you access under certain circumstances. You can appeal my denial if you so request.
- You have the right to receive an accounting of disclosures made to your PHI for which you have neither provided consent nor authorization. Upon your request, I will discuss the process for obtaining this accounting.
- You have the right to obtain a replacement copy of this notice upon request.

- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- You have the right to be notified if: (a) there is a breach (use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

**Psychologist Duties**

I am required by law to maintain the privacy of your PHI, and to provide this notice outlining my policies regarding the privacy of your PHI. I may from time to time change my privacy policies and will post this document detailing updated policies and practices on my individual page of our website *www.abhseattle.com*.

**Grievances**

If you believe that I have violated your privacy rights or you disagree with a decision that I make regarding access to your PHI or Progress Notes, please discuss your concerns with me. You may also contact the Washington Examining Board of Psychology at P.O. Box 47869, Olympia, WA 98504-7869. Their phone number is 360-236-4910. You may also send a written letter of complaint to the Secretary of the U.S. Department of Health and Human Services.

**Effective Date**

These privacy policies are effective as of September 1, 2013.

**Client Acknowledgement**

*If you have questions about anything you've read here, please discuss them with me prior to signing this form. Your signature below indicates that you have read, understand, and agree to these policies.*

\_\_\_\_\_  
Client #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client #2 Signature (for couples counseling)

\_\_\_\_\_  
Date

\_\_\_\_\_  
David Markley, Ph.D.

\_\_\_\_\_  
Date