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## HIPPA

The Health Insurance Portability and Accountability Act of 1996 has been in effect since April 14, 2003. This notice applies to health information that identifies you and that relates to your past, present and future mental and medical conditions, care planning, assessment and information regarding payments for care.

Under this act I may communicate with your other health care providers including physicians, nurses, pharmacies, laboratories, and case management for the purpose of care coordination. Additionally, I may provide information regarding visit type, diagnostic codes, your billing address and phone numbers, third party payer information and information regarding anyone else who may be responsible for a portion or all of your bill with Associates in Behavioral Health Account Services. Information about insurance and the names of responsible people shall be carefully spelled out by you. This information may be used for informing you and all others involved in your health care about appointments, diagnoses, treatment alternatives or related benefits and services. Finally, such information may be provided to legal and regulatory agencies if so ordered or believed to be necessary to avoid serious threat to the health and safety of an individual.

Mental and physical health information about you may be only given to individuals you have designated. You may retract this permission by giving a dated formal written notice.

You have the right to restrict disclosure of your information except when required by law or in emergency circumstances.

You have the right to restrict certain disclosures of Public Health Information (PHI) to a health plan if you pay out of pocket in full for the health care service.

You have a right to be notified if there is a breach of your secured PHI.

You must sign an authorization before I can release any of your PHI for any uses and disclosures not described in this Privacy Notice.

You must sign an authorization for most uses and disclosures of any psychotherapy notes.

You may request I communicate in a specific way such as leaving messages on voice mail, e mail or answering machines

You have the right to inspect and receive copies of your health care information and may give written notices of corrections or amendments you feel appropriate.

You have the right to request notification of disclosures except for those required in the process of your care as involved with health care providers and payment arrangements.

If you fear your privacy has been violated you may make a formal complaint to me to the Washington State Department of Health at 510 Fourth Avenue West, Suite 404, Seattle WA 98119 or phone 1 800 663 6826.