

## NOTICE OF PRIVACY PRACTICES

This notice contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patients rights with regard to the use and disclosure of your Protected Health information (PHI). Please review it carefully.

### Definitions:

- “Protected Health Information (PHI)” refers to information in your treatment record that identifies you.
- “Treatment” is the care I provide to you directly (as in the case of psychotherapy) or indirectly (as in the case of consultation with another health care professional in order to better serve your needs).
- “Payment” is the attempt to obtain authorization or reimbursement for services, generally from the information you provide regarding your health insurance coverage.
- “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” applies to activities within my practice that help to manage the services I provide.
- “Disclosure” applies to activities outside my practice, including providing access or releasing information to other individuals or organizations.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

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

### Uses 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 “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;
- if you request that I release information from your Clinical Record;
- if you request that I release your Psychotherapy Notes. These are notes that I have made for my use to assist me in providing the best care possible. These notes contain very sensitive material and are not written with the intention of being released, so they are given a higher degree of protection than PHI.
- before using or disclosing your 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 signature. Further, if the authorization was obtained as a condition of acquiring or using health insurance benefits, your insurance company has a legal right to request and receive information to contest a claim.

### Uses and Disclosures Not Requiring Authorization

I may use or disclose your PHI without your consent or authorization in the following situations:

- If I have reasonable cause to believe that a child has been abused or neglected, I am required to report my suspicion to Child Protective Services (CPS) of Washington State.
- 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 of a vulnerable adult, 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 to you, 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.
- 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, health oversight agencies (such as the U.S. Department of Health & Human Services or a state department of health), coroners or medical examiners, 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**

- You have the right to view and/or receive a copy of your file including PHI; however, I may deny you access under certain circumstances. As a general rule, I will discourage your review of Psychotherapy Notes as they contain very sensitive material and they are written as an aide to me in providing for your care. You can appeal my denial in writing if you so request.
- 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 number.
- You have the right to request an amendment of your PHI; however, I may deny your request. I will discuss the process of appealing and/or executing an amendment.
- You have the right to request restrictions on certain uses and disclosures of your PHI. You also have the right to restrict certain disclosures of your PHI to a health plan when you pay out-of-pocket in full for my services.
- You have the right to receive an accounting of all disclosures made of your PHI, including those for which you have neither provided consent nor authorization.
- You have the right to obtain a replacement copy of this notice upon request.
- You have the right to be notified if: (a) there is a breach involving your PHI (i.e., use or disclosure of your PHI in violation of the HIPAA Privacy Rule); (b) your PHI has not been encrypted to government standards; or (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 policy regarding the privacy of your PHI.
- I may from time to time change my privacy policies. Should I make any revisions, you will be notified in writing. Unless I notify you of a change, my policies will remain as written in this document.

### **Complaints**

If you believe that I have violated your privacy rights, you may file a complaint with the U.S. Department of Health and Human Services by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or mail at Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

### **Effective Date**

This notice went into effect on August 30, 2016