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Thrive for the People, PLLC
License Number PY60750684

# Privacy Policy

This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully.

Definitions:

- "Protected Health Information (PHI)" refers to information in your treatment record that identifies you.
- "Treatment" is when I provide services regarding your mental health, which can include therapy, assessment, or seeking a consultation with another health care professional.
- "Payment" is when I attempt to obtain authorization or reimbursement for services, generally from the information you provide regarding your insurance coverage.
- "Health Care Operations" are activities that relate to running my practice, which can include outside administrative services, case management, and other business related matters.
- "Use" applies to activities within my office that help to manage the services I provide.
- "Disclosure" is releasing or providing access to information to other individuals or organizations.

## I. My Pledge Regarding Health Information

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This privacy policy applies to all of the records of your care generated by this mental health care practice. This privacy policy will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I will never sell your protected health information or use it for marketing purposes.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this privacy policy, and such changes will apply to all information I have about you. The new privacy policy will be available upon request in

my office, on my website (abhseattle.com/practitioners), and through your client portal on SimplePractice™.
- Notify you anytime I must change my privacy policy.

## II. How I May Use and Disclose Health Information About You

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: 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 personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. 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 person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

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, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## III. Uses and Disclosures Requiring Authorization

By singing an Authorization (often call a "Release of Information") form, you allow me to use or disclose information about you for purposes of treatment, payment, and health care operations. This is often if consulting with another person (e.g., family, other medical professionals,

teachers/professors, etc.) becomes necessary or particularly beneficial to treatment. 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 insurance benefits, your insurance company has a legal right to receive this information.

## IV. Certain Uses and Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. If you are an imminent risk to kill yourself, I am required to report this in order to protect you. This can include notifying friends or family, hospitalization (voluntary or involuntary), and/or informing law enforcement.
2. If you are an imminent risk to severely hurt or kill someone else, I am required to try to protect that other person. This can include notifying the person directly, contacting law enforcement, and/or hospitalization (voluntary or involuntary).
3. Any report of child or vulnerable adult abuse (i.e., anyone elderly or otherwise incapable of protecting themselves). I am required by law to inform the police and the Department of Social and Health Services.
4. If you are involved in a legal proceeding and the judge orders me to release your records. Should this happen, I will do my best to not release information you do not want released. Please let me know if you are involved in or contemplating litigation, as you should talk with an attorney about the ramifications to your privacy. This privilege does not apply when you are being evaluated by order of the court or for a third party.
5. If you file a lawsuit against me, I am permitted to disclose any information that is relevant for my defense.
6. If you file a worker's compensation claim and your psychotherapy is relevant to the injury, I must provide a copy of your record to your employer and the Department of Labor and Industries.
7. If you disclose that you are HIV positive and are engaging in risky transmitive behaviors (e.g., intravenous drug use, unprotected sexual intercourse), I may be required to report this to the Department of Health. I will first consult with the health care official without identifying you, as there may be an exception to this ruling.
8. For health oversight activities, including audits and investigations. For example, as a result of recent state regulations adopted by the Washington State Department of Health, I am required to report myself or another healthcare provider in the event of a determination of unprofessional conduct. If you have any concerns about this requirement, please talk with me about them.

9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions may require information regarding your treatment

In any of the above situations, I will make an effort to talk with you before taking action and I will limit my disclosure to what is necessary.

## V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. You Have the Following Rights with Respect to Your PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I 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. I may charge a reasonable, cost based fee for doing so. I may, however, deny you access under certain circumstances. You can appeal my denial if you disagree with my decision.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of

receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. The Right to Have Complaints Recorded In Your Record. You may request to have any complaints you file about my policies and/or procedures added to your record.

## Complaints

If you believe that I have violated your privacy rights or you disagree with a decision that I made regarding access to your PHI, you may contact the Examining Board of Psychology at (360) 236-4910 or P.O. Box 47869, Olympia, WA 98504-7869. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

## Effective Date of This Notice

This notice went into effect on September 1, 2017

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# Acknowledgement of Receipt for Notice of Privacy Policy

Your signature below indicates that you have read the information included in this document and have received a copy of it. You have had the opportunity to ask questions, understand it to your satisfaction, and agree to abide by this document's stipulations during our professional relationship.

Full name (Printed): _____

Signature: _____ Date: _____

Signature: _____ Date: _____
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