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Privacy Policies:

This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully. The Health Insurance Portability and Accountability Act (HIPAA) mandates the protection and confidential handling of protected healthcare information. This statement informs you of your rights regarding your healthcare information under HIPAA. Your health information includes any information that I record or receive about your past, present, and future healthcare. HIPAA regulations require that I maintain this privacy and provide you a copy of this statement.

Record Keeping Practices:

Standard practice requires me to keep a record of your treatment. This includes relevant data about dates of service, payments for service, insurance billing, and relevant treatment information. This record of treatment is your protected health information (PHI). I may use or disclose your PHI for payment, treatment, and healthcare operation purposes:

Payment:

I will disclose your PHI if you request that I bill a third party. An example of payment is when I disclose your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage. If your account with me is unpaid and we have not arranged a payment plan, I can use legal means to get paid. The only information I will give to the court, a collection agency, or a lawyer will be your name and address, the dates we met, and the amount you owe.

Treatment:

I may use or disclose your PHI to coordinate or manage your treatment. An example of treatment would be when I consult with another healthcare provider or therapist. Consultation with colleagues is an important means of ensuring and maintaining the competence of my work. APA ethical standards permit discussion of client information with colleagues without prior consent as long as the identity of the client can be adequately protected. In some instances, the obligation to provide the highest quality service may require consultation that reveals a person's identity without prior consent; such disclosures occur only when it cannot be avoided and I only disclose information that is necessary.

Healthcare operations:

I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of healthcare operations are quality assessment activities, case management, audits, and administrative services.

Uses and Disclosures That Do Not Require Your Authorization or an Opportunity to Object

You have the right to confidentiality. Under most circumstances, I cannot release any information to anyone without your prior written permission, and you can change your mind and revoke that permission at any time. The following are legal exceptions to your right to confidentiality. I will do my best to inform you of any time I have to break confidentiality.

- If I have reason to believe that you will imminently and seriously harm another person, I may legally give this information to the police or the disclosed victim.
- If I believe you are in imminent danger of harming yourself, I may legally break confidentiality by calling the police, calling the county crisis team, or contacting your family.
- In an emergency where your life is in danger, and I cannot get your consent, I may give another professional some information to protect your life.
- If I have reasonable cause to believe that a child or vulnerable adult has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services within 48 hours.
- If you are involved in a legal proceeding and the judge orders me to release your records
- I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.

Uses and Disclosures of Healthcare Information with Your Written Authorization:

I will make other uses and disclosures of your PHI only when your appropriate authorization is obtained. An authorization is written permission that permits specific disclosures. You may revoke this authorization in writing at any time.

Your Rights Regarding Your Protected Health Information:

- You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. You may examine or receive a copy of this Clinical Record by providing a written request and paying the allowed fee of \$25 and a \$.50 copying fee per page.
- You have the right to ask that I amend your record if you feel that the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal and it will all go into your record.

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- You have the right to request the required accounting of disclosures that I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.
- You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request; and in instances where I believe it is in the best interest of quality care, I will not honor your request.
- You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not call you at home. I will accommodate reasonable requests and will not ask why you are making the request.
- If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.
- You have the right to have a paper copy of this disclosure.

Complaints:

If you have any concerns or issues, I hope you feel safe and comfortable to address them with me personally. However, you also may request to have any complaints you file about my policies and/or procedures added to your record. Also, 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 3602364910 or P.O. Box 47869, Olympia, WA 985047869. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services

Effective as of 01/01/2022