
**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Privacy Notice, please contact me at
(425) 458-8100.

I. Introduction

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment; payment; and health care operations (TPO); and for other purposes that are permitted or required by law. It also describes your rights in regards to accessing your PHI. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I am required to maintain the privacy of your protected health information, provide you with notice of my legal duties and privacy practices with respect to your health information, and comply with the practices and procedures set forth in this Notice.

II. Uses and Disclosures of Protected Health Information (PHI) Without Your Authorization.

A. Uses and disclosures for treatment, payment and operations.

1. Your PHI may be used and/or disclosed for treatment to you. Treatment includes service provision, management and coordination with other health care providers.
2. Your PHI may be used and/or disclosed to obtain payment for services. On occasion, insurance companies may request further information/documentation in order to process your claim.
3. Your PHI may be used and/or disclosed in connection with health care

operations, including quality assessment or improvement activities, training programs, accreditation, certification, licensing, or credentialing activities.

B. Other circumstances in which PHI may be used and/or disclosed.

1. To report suspected child abuse or neglect
2. To warn/inform the appropriate authorities or individuals if it is believed that you will harm yourself or others
3. In response to a court order or subpoena
4. To provide law enforcement personnel with limited identifying information regarding a criminal investigation
5. To comply with government entities who insure compliance with federal/state regulations or contracts
6. In the event of an emergency, I will provide emergency personnel with relevant health information
7. In the event of death, I will provide the appropriate authorities with requested information

III. Uses and Disclosures of Protected Health Information Requiring Written Authorization

A. I will request written authorization when I am coordinating care with school staff and administration.

B. Psychotherapy notes will be used only by your counselor and will not otherwise be used or disclosed without your written approval.

C. Uses and disclosures other than those described in Section II above will only be made with your written authorization. This includes PHI being sent to your life insurance company, school, or attorney. You can revoke authorization at any time.

IV. Your Rights Regarding Your Health Information

You have the right to:

A. To Inspect and Copy health information used to make decisions about your care, whether they are about your treatment or payment for your care. This would

usually include clinical and billing records. All requests must be made in writing. Under limited circumstances, I may deny access to your records; otherwise, this Information must be released in 15 days. I may charge a fee for the costs of copying and sending you any records requested. If you are the parent or legal guardian of a minor 13 years of age or older, please note that certain portions of the minor's medical record will not be accessible to you.

B. To Request Confidential Communications by requesting that I communicate with you about your health care only at an alternative address or through alternative means. I will accommodate all reasonable requests. You do not need to give me a reason for the request.

C. To Request an Amendment on the health information used to make decisions about your treatment or your care. If you believe there is a mistake or missing information in my record of your PHI, you may request, in writing, that I correct or add to the record. I will respond within 10 days of receiving your request. I may deny the request if I determine that the PHI is correct and complete; not created by me and/or not part of my records; or not permitted to be disclosed. Any denial will state the reason(s) for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request is approved for amendment, then I will change the PHI and so inform you, and notify others that need to know about the change in PHI.

D. To Request a Restriction on Uses/Disclosures of PHI used for disclosure of treatment, payment or health care operations. You must request any such restriction in writing. I am not required to agree to any such restriction you may request. To the extent that I agree to any restrictions on my use/disclosure of your PHI, I will put the agreement in writing and abide by it except in emergency situations. I cannot agree to limit uses/disclosures that are required by law.

E. To Obtain an Accounting of Disclosures on Your PHI. You may request, in writing, an accounting of disclosures of your PHI other than instances related to treatment, payment or operations; to you; or pursuant to your written authorization.

F. To Obtain Notice. You have the right to obtain a paper copy of this Notice.

V. Complaints

If you believe your privacy rights have been violated, you may contact the Department of Health. There will be no retaliatory action taken against you for filing a grievance.

Department of Health

Business and Professional Administration

P.O. Box 9012

Olympia, WA 98504-8001

(360) 753-1761

VI. Effective Date and Changes to this Notice

I reserve the right to change the terms of this Notice and to make the revised Notice effective for all health information I already have about you as well as any health information I receive in the future.