

HIPAA NOTICE OF PRIVACY PRACTICES

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

MY PLEDGE REGARDING PERSONAL HEALTH INFORMATION:

I understand that medical/mental health information about you and your health is personal. I am committed to protecting this information about you. I create a record of our sessions to provide you with quality care and to comply with certain legal requirements. **I am required by law to maintain the privacy of your health information, to notify you of my legal duties and privacy practices regarding your health information, and to abide by the practices described in this notice. You also have rights under this law, which are listed in the following section.**

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

Right of Access to Inspect and Copy You have the right, which may be restricted only in certain limited circumstances, to inspect and copy PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.

Right to Amend If you feel that the PHI I have is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree.

Right to an Accounting of Disclosures You have the right to request a copy of the required accounting of disclosures that I make of your PHI.

Right to Request Restrictions You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or practice operations. I am not required to agree to your request.

Right to Request Confidential Communication You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.

Right to a Copy of this Notice You have the right to a paper copy of this notice.

Right of Complaint You have the right to file a complain in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. There will be no negative repercussions for filing a complaint.

HOW I MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

I may share your personal medical information as necessary for your treatment and for operating my practice, without your express permission. Other uses require your specific authorization. The following describes how I may use and disclose your information without express permission. Other parts of this notice describe uses and disclosures that require your authorization, and the rights you have to restrict my use and disclosure of your medical information.

MY USES AND DISCLOSURES WITHOUT YOUR EXPRESS PERMISSION

This section discusses the requirements of federal privacy laws. Washington law provides additional protections in some circumstances.

Treatment I am permitted to use and disclose your medical information with other providers of health care to you as necessary for coordinating medical/mental health treatment and services. Your PHI can be released

to other health professionals assisting in your treatment. I also may use your PHI for purposes of consultation with other health care providers (for quality assurance) or in relation to referral to another provider.

Payment I am permitted to disclose your medical information for purposes of billing for services rendered, for checking on coverages or checking on claims already submitted. In these situations, I use the minimum amount of information needed to *effect* the transaction, but this may include diagnosis code.

Other Operations I may use or disclose, as needed, your PHI in order to support other business activities of my professional practice. Such disclosures could be related to quality assurance, peer review, legal or financial services that assist in the delivery of health care, provided I have a written contract requiring the recipient(s) to safeguard the privacy of your PHI. I may also contact you to remind you of appointments or transact other business related to your treatment.

OTHER LEGAL USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

Required by Law I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports and law enforcement reports. I must make disclosures to the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure, or to comply with any investigation of me by a licensing board. Oversight agencies also include third-party payers.

Abuse or Neglect I may disclose your PHI to an agency that is authorized by law to receive reports of abuse or neglect, limited to the information necessary to make the initial mandated report. I may disclose PHI regarding deceased patients in connection with inquiry or investigation into the cause of death.

Threat to Health or Safety I may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety to the public or another person. In Washington State I am mandated to do so.

Compulsory Process I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will respond to a legally issued subpoena and show up; however it is my policy to give minimum PHI in those circumstances, unless you have signed a release. If, however, a judge issues a court order, I will be compelled to turn over all information requested.

Uses and Disclosures of PHI with Your Written Authorization

Others uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken an action in reliance on the authorization you permitted that needs to be finalized (example: calling someone and telling them the authorization is revoked).

The *effective* date of this Notice is February 29, 2012.

Acknowledgement

I hereby acknowledge receiving (or being *offered* and refusing) a copy of this notice.

Name _____

Signature _____ Date _____