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POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information.

Uses and Disclosure for Treatment, Payment, and Health Care Operations

I may use or disclose your *Protected Health Information (PHI)* for treatment, payment, and for the purpose of health care operations with the consent you have provided by signing my **"Disclosure Statement"** form, or in certain cases, by requesting that you sign a specific authorization allowing me to disclose health care information about you.

- "PHI" refers to information in your treatment record that identifies you.
- "Treatment" is when I provide your health care or manage it, for example by seeking a consultation with another health care professional as a way of better serving your needs.
- "Payment" is when I attempt to obtain authorization or reimbursement for services, generally from the information you provide regarding your insurance or managed care 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 office that help to manage the services I provide.
- "Disclosure" applies to activities outside my office, including providing access or releasing information to other individuals or organizations.

Uses and Disclosures Requiring Authorization

By signing a **Disclosure 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 **"Disclosure Statement"** form. I will request that you sign a **Disclosure Form** if I am asked to release information for purposes of your treatment elsewhere, payment or health care operations. I will also need you to sign a **Disclosure Form** if you request that I release your **Progress Notes**. These are notes that I have made for my use to assist me in providing you 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.

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 information to contest a claim.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization:

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required to report my suspicion to law enforcement and to the Department of Social and Health Services.
- **Adult and Domestic Abuse:** 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, I must additionally inform law enforcement.
- **Health Oversight:** If the Washington Examining Board of Psychology subpoenas me as part of an investigation, I am required to comply and may be asked to disclose your PHI.
- **Judicial or Administrative Proceedings:** If you are involved in a legal proceeding and a request is made for information regarding the services I have provided. Your PHI is privileged under State law; however, I must release your PHI if I am presented with a signed Disclosure Form 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 or for a third party.
- **Serious Threat to Health or Safety:** 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.
- **Worker's Compensation:** 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.

Patient Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI; however, I am required to agree to your requested restrictions.
- **Right to Receive Confidential Communications by Alternatives Means and at Alternative Locations:** 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.
- **Right to Inspect and Copy:** You have the right to view or receive a copy of your file including PHI and **Progress Notes**; however, I may deny you access under certain circumstances. You can appeal my denial if you so request. As a general rule, I will discourage your review of **Progress Notes** as they contain very sensitive material and they are written as an aide to me in providing for your care.
- **Right to Amend:** You have the right to request an amendment of your PHI; however, I may deny your request. Upon your request, I will discuss the process of executing this amendment.
- **Right to an Accounting:** You have the right to receive an accounting of disclosures made to your PHI for which you have neither provided consent nor authorization. Upon your request, I will discuss the process for obtaining this accounting.
- **Right to a Paper Copy:** You have the right to obtain a replacement copy of this notice upon request.

Psychological 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 and will notify you in writing at your next psychotherapy appointment following that change. Unless I notify you of a change, my policies will remain as written in this document.

