

HIPPA Notice of Privacy Practices and Patient Rights

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

The Privacy Rule applies to protected health information (PHI). The Privacy Rule is defined as (1) information in your health record that identifies you and is transmitted in any form or medium ; (2) information that is related to the past, present or future physical or mental health condition of the patient; providing health care to a patient; or the past, present, or future payment for the patient's health care.

As your Health Care Provider I am required by law (a) to maintain the privacy of your PHI and to provide you with a notice of my legal duties and private practices with respect to your PHI, (b) I reserve the right to change the terms of my Notice of Privacy Practices at any time and (c) Should I make changes, I will make available the revised form by a variety of communication modes, electronic, mail, or handing out a copy of the revised form. The original notice will stay in effect unless you are notified of changes.

Use and Disclosure of your PHI with Authorization

- Treatment is when there is coordination, management, and provision of services by a health care provider.
- Payment is when I obtain reimbursement for services rendered; this may include determination of eligibility of coverage, billing, claims, collection, and review.
- Health Care Operations relates to the operations of my practice.

Criteria Requiring Patient Authorization to Disclose PHI

- Prior to releasing information regarding treatment, payment, or health care operations.
- Prior to releasing psychotherapy notes. Clinical psychotherapy notes made by the provider which reference our conversations during sessions, individual, group, couples, family which are a separate file from your medical record..

Uses and Disclosures of PHI Requiring No Patient Consent or Authorization

- Abuse, Neglect, or Domestic Violence
- In the event a serious threat is made about the health or safety of a person or the public.
- In response to subpoenas and other requests made by the court or administrative proceedings.
- In order to fulfill requirements with Worker's Compensation Laws.
- To law enforcement agencies.
- To a coroner/medical examiner for identification or cause of death.
- For public Health purposes.
- For government functions in the determination of fitness for military duties, eligibility of benefits, national security, and intelligence.

Patient Rights Under HIPPA

- To receive a Notice of Privacy Practices

You have the right to receive a paper copy of this notice.

- To access Protected Health Information(PHI)

Clients have the right to review and access copies of my clinical notes and billing as long as I possess the records the records. Your request must be in writing. In some cases I reserve the right to deny your request in certain circumstances. In some cases this decision may be reviewed. Per your request the decision to deny access may be discussed.

- To amend your PHI

Per your request in writing, amendments to your PHI may be made for as long as you're the PHI is in your records. Should I deny your request of amendments you have the right to challenge my decision. I will on your request discuss the amendment process.

- To an Accounting of Disclosures of your PHI

Clients have the right to request and receive an accounting of PHI disclosures made for treatment purposes. The disclosures are such that you have given no consent or authorization. I will discuss this process should make a request.

- To request a specific mode of communication.

Clients have the right to request communication be made in a particular manner. Such as, alternative means or alternative locations.

- To request restrictions of the Use and Disclosure of Health Information.

Clients have the right to request, in writing, limitations on the use and disclosures of your PHI. I am not required to agree to the requested restrictions.

Concerns or Complaints

Concerns or questions regarding decisions I have made about access to your records or other concerns may be made in writing to me, HIPPA Privacy/Compliance officer. My contact information may be found on the first page of this document. In addition, if you believe your privacy rights have been violated and want to file a complaint direct your complaints to me as the HIPPA officer. You may also file complaints in writing to the Washington Department of Health or to the US Secretary of Health and Human Services. You have the right to make these complaints and I will not retaliate against you for making your complaint.

Should any changes be made to this document I will provide you with a revised notice within a reasonable time.

