

Notice of Policies and Practices to Protect the Privacy of Your Health Information and Limits to Confidentiality:

This describes how psychological and medical information about you may be used and disclosed and how you can access this information. Please continue to read carefully.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment and healthcare operations purposes without your consent.

To help clarify these terms, here are definitions:

-- "PHI" refers to information in your health record that could identify you.

-- "Treatment, Payment and Health Care Operations:

-- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. One example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider.

-- "Payment" is when I obtain reimbursement of my fees for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine your eligibility or coverage.

-- "Health Care Operations" are activities that relate to the performance and operation of my practice. Examples of Health Care Operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management.

-- "Use" applies to activities within my office, clinic, practice group, etc, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

-- "Disclosure" applies to activities outside my office, clinic, practice group, etc, such as releasing, transferring, or providing access to information about you or to other parties.

II. Uses and Disclosures Requiring Authorization:

I may use your, or disclose your PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for written authorization from you before releasing that information.

I will also need to obtain a written authorization before releasing your psychotherapy notes.

"Psychotherapy Notes" are notes that I may have made about our discussions during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a great degree of protection than PHI.

I may occasionally find it helpful to consult with other health and mental health professionals about a case. These other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

I need to share your protected health information with administrative or contracted staff that are employed for such purposes such as scheduling, billing, and quality assurance. All contracted

staff have been trained about protecting your privacy and are bound by the same rules of confidentiality.

You may revoke all such authorizations (PHI and/or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I (1) have relied on that information; or (2) the authorization was obtain as a condition of obtaining insurance coverage, as the law provides the insurer with the right to contest the claim under policy.

III. Uses and Disclosures with Neither Consent nor Authorization:

I may use or disclose PHI without your consent in the following circumstances:

- **Consultants and Supervisors:** I will talk to my supervisors and I often consult about your treatment or to coordinate your care. This is always done in a professional way with respect for you as a person.
- **Emergency Situations:** I may share information about you with other professionals or agencies in a medical or mental health emergency, or for follow up after such an emergency.
- **Future Harm:** If I learn that you or someone else might be seriously harmed in the future (including possible suicide), I may share protected health information with the appropriate authority.
- **Child Abuse, Elder Abuse, or Abuse of a Mentally Ill Adult:** There are times I have to report to authorities if I learn about suspected abuse. This includes harm to a child, someone who is mentally ill, or someone who lives in a “long-term care facility” such as a nursing home. Under Mandatory Reporting Law, child abuse includes physical abuse, neglect, mental injury or emotional maltreatment, sexual abuse or sexual exploitation, and threat of harm to a child, which may include exposure to domestic violence. I also have the obligation to release confidential information in order to cooperate with an investigation of potential child abuse. I will comply with these laws and my ethical obligations to assure the safety of these people.
- **Crimes Against Us:** I will report to the police about any threat and/or crime by a patient at my office, the office staff, or anyone who works for me.
- **Judicial or Administrative Proceedings:** If I am ordered to go to court, I may need to say things or provide information from your chart without your permission. This sometimes happens during child custody hearings, divorces, or investigations into other crimes.
- **Access to Records by Non-Custodial Parents:** Both parents have rights to see and copy the child’s chart. This applies if you are not married to the child’s other parent, and even if you have sole custody. Only the court can limit the right of non-custodial parents.

- **Health Oversight and Complaints/Suits:** If a patient files a complaint or lawsuit against me or my staff, I may disclose relevant information regarding that patient in defense. This may include a government agency.

IV. Patient's Right and Psychologist's Duties

Patient's Rights:

-- *Right to request Restrictions* – You have the right to request restrictions on certain uses and disclosures of your PHI. However, I am not required to agree to your request for a restriction.

-- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – for example, you may want bills sent to a different address to hide the fact you are seeing me.

-- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy of PHI (but not psychotherapy notes) as long as the PHI is maintained in the record. I may deny your request in some circumstances, but if this occurs, you may have this decision reviewed.

-- *Right to Amend*- You may request an amendment to PHI for as long as the PHI is maintained. I have the option to deny your request.

-- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you neither provided consent nor authorization.

Psychologist's Duties:

-- I am required by law to maintain the privacy of PHI and to provide you with this notice of my legal duties and privacy practices with respect to PHI.

-- I reserve the right to change the privacy policies and practices described in this notice. I will provide notice by placing a current copy in my waiting area, or provide a copy upon request. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

Complaints

I always hope to talk about and work through problems as soon as they come up. Remember, you can talk to me at any time. I take very seriously the ethics and standards of my profession. I am aware of the laws that protect your rights. There are regulatory bodies and professional organizations that may oversee my work. Should you wish, I would help you contact them if you wanted to file a complaint.

Region X - Seattle(Alaska, Idaho, Oregon, Washington)

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