

PRIVACY POLICY

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This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The counseling practice is obligated and committed to the protection of personal health information (PHI) according to current regulations, standards, and this Privacy Policy herein. If changes in regulations or privacy practices occur during the period of time you are receiving help here, you will be notified and given a copy of the revised Privacy Policy in person, by mail, or by email. I am my own privacy officer, so please direct any questions or complaints to me in person, by phone, or by email. The effective date of this Privacy Policy is 10/1/2015.

A health care record commonly including information about personal and family history, individual functioning, pertinent life events, assessment data, symptoms, treatment goals, treatment process, recommendations, progress, disclosures, and billing is kept and maintained in the office. Records are retained for six years after 12/31 of the year of termination. You have the right to inspect and receive a copy of your PHI, which must occur within 30 days of your written request. This right may be restricted in certain circumstances (usually in the context of family-based treatment), and a reasonable fee will be charged for requested copying. You have the right to request an amendment to the record to correct or complete PHI. In the instance that I disagree with the proposed amendment, you may provide a statement concerning the requested change, and I may provide a rebuttal, both of which would be inserted into the record. Records past and present are locked and secured in the office.

In general, disclosures of PHI are made only with the written authorization of the client or client's guardian. Disclosures are for the purpose of providing, coordinating, and managing treatment. The authorization may include specific limitations requested by the client or client's guardian at any given time, and terminates upon the conclusion of treatment.

Routine disclosures not requiring authorization that can occur during and after treatment include those:

1. For the purpose of administration or payment, such as insurance authorizations and payment.
2. To business associates contracted by me to perform administrative functions, such as transcription or a billing service, who are similarly required to safeguard privacy
3. For quality assurance review

4. For the purposes of professional consultation
5. Under court order
6. Required by law, such as abuse and neglect reports and public health reports
7. To insure the safety of you or any other individual
8. To the Secretary of the State Department of Health and Human Services for the purposes of determining my compliance with Privacy Rules requirements
9. To legal services either in the course of healthcare treatment or in the organization of a defense in response to complaints or legal actions against my practice
10. For the purpose of overdue balance collection

The following companies may have access to your PHI for the purpose of carrying out treatment, payment, and/or healthcare operations: **Prestige Medical Billing.**

You have a right to the accounting of all other, non-routine disclosures, also to be provided within 30 days of the request. As stated above, you have a right to request restrictions on certain uses and disclosures of PHI. Please be advised that in regards to numbers 1-10 above, I am not required to agree to such a request.

Please be advised that my business email is not encrypted. If a client uses email either for administrative purposes such as scheduling or to advise on more clinically-related matters, the client does so with the understanding that a guarantee of confidentiality cannot be made. A client may use email to send sensitive PHI, but my responses will be limited only to acknowledgements. A client may request that certain contact methods, addresses, or phone numbers be exclusively used for, or excluded from, communications by me. A client can change these stipulations at any given time.

Clients are notified of breaches, such as a lost appointment book, according to breach notification requirements set by HIPAA regulations. You may ask for a copy of the Breach Notification Policy.

If a client believes I have violated their privacy rights, they may file a complaint in writing with me or with the Secretary of the Washington State Department of Health and Human Services, and be assured no retaliation will occur.

Client Name (please print) _____

Client Signature _____

Date _____