

NOTICE OF PRIVACY
FORTITUDE THERAPY AND WELLNESS, PLLC
Lavonne Bryan, MA, LMHC

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

WHY IS THIS NOTICE PUBLISHED? As medical/mental health professionals, it is our legal duty to safeguard your Protected Health Information (PHI) and maintain its privacy. The PHI constitutes information created or noted by this practice that can be used to identify you. It contains data about your past, present or future health or condition, the provision of healthcare services provided to you or the payment for such healthcare. Use of PHI means when we share, apply, utilize, examine, or analyze information within this practice; or PHI is disclosed when this practice releases, transfers, gives, or otherwise reveals it to a third party outside of this practice (such as an insurance company).

USING YOUR PERSONAL HEALTH INFORMATION: Each time you attend an individual, group, joint, or family session with this practice, a record of your session is created. Typically, this record contains symptoms, diagnosis, treatment, payment, healthcare information, authorizations, and consent for treatment. This information, often referred to as your health or medical record, serves as a:

1. Basis for planning your session and treatment goals.
2. Means of communication amongst other healthcare professionals involved in your treatment.
3. Legal documents describing the treatment you receive.
4. A source of information for public health officials charged with improving the health of the general public.
5. Means by which you or an insurance company can verify that services billed were actually provided.
6. A tool with which this practice can assess and continually work to improve the care provided and the outcomes achieved.

Understanding what is in your health record and how that health information is utilized helps you to ensure accuracy; better understand who and why others may access health information; and make a more informed decision when authorizing disclosures to others.

There are certain circumstances in which the use of disclosures will not require prior authorization from you. This includes:

1. Obtaining payment for treatment. This practice will use and disclose your PHI to bill and collect payment for the treatment and services provided you.
2. If disclosure is mandated by the Washington Child Abuse/Neglect, and Elder/Dependent Adult Abuse Reporting Law.
3. Your consent is not required if you need emergency treatment provided. This also may include providing information to law enforcement, personnel, crisis response teams, or an inpatient psychiatric setting. An emergency may be defined as preventing a serious threat to the health or safety of another person, yourself, or the public health.
4. This practice will use your information to carry out healthcare operations. This practice may also provide your PHI to its attorneys, accountants, consultants, and others to make sure that it is in compliance with applicable laws.
5. Your health information may also be used to contact you to remind you of an appointment, to inform you of changes in treatments, or to advise you about other health-related benefits and services.

Fortitude Therapy and Wellness, PLLC
Lavonne Bryan, MA, LMHC
1421 -34th Ave. Suite 205
Seattle, WA 98122
206-354-7971
Lavonnebryan@fortitudetherapy.com

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NOTICE OF PATIENT PRIVACY PROTECTION

YOUR INDIVIDUAL RIGHTS: As patients, you have individual rights over the use and disclosure of your personal health record. There are certain federal and state laws that provide special protections for certain kinds of PHI. In these situations, this practice will let you know if there are other authorizations needed to comply with federal and state laws. 1. Limit Use: You may request in writing that we do not use or disclose your information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but am not legally required to accept it. 2. Received Confidential Communications: You have the right to receive confidential communications from us at another address you provide to this practice. 3. Inspect and Copy: You have the right to look at your information. You may obtain a copy of all or any part of your medical records. We may charge you a clerical fee and copying charge of \$.25 per copy. 4. Request Corrections: If you believe the information in your record is incorrect or if important information is missing, you have the right to request that we correct the missing or existing information. If we determine not to change the record, you are entitled to a statement of your disagreement to be included in your healthcare records. 5. Knowledge of Disclosures: You have the right to receive a list of instances where we have disclosed information for reasons other than treatment, payment, or related administrative purposes. 6. The Right to Get This Notice by Email: You have the right to receive this Notice by email, or request a paper copy of it.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES: If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the person listed in the next Section below. You may also file a complaint with:

Department of Health
Health Systems Quality Assurance (HSQA)
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
360-236-4700
Email: HSQAComplaintIntake@doh.wa.gov

If you file a complaint about our privacy practices, we will not take retaliatory action against you.

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PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES: If you have any questions about this Notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at: Fortitude Therapy and Wellness, PLLC, 1421- 34th Ave. Suite 205, Seattle, WA 98122, 206-354-7971, lavonnebryan@fortitudetherapy.com

EFFECTIVE DATE OF THIS NOTICE: This Notice will go/went into effect on January 2, 2017. We are required by the law to protect the privacy of your information, provide this Notice about our information practices that are described in this notice. We reserve the right to change the terms of this Notice, and make the new terms effective for all information to which this Notice applies. This Notice has been revised on the date of July 19, 2019.

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