
NOTICE OF PRIVACY PRACTICES FOR MENTAL HEALTH TREATMENT

Effective Date: September 9, 2023

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

If you have any questions about this notice, please contact your therapist listed above.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other personnel.

YOUR/YOUR CHILD'S HEALTH INFORMATION

This notice applies to the information and records your therapist has about you/your child's, your/your child's health, health status, and the health care and services you receive. Your/your child's health information may include information created and received by your therapist, may be in the form of written or electronic records or spoken words, and may include information about your/your child's health history, health status, mental health, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

Your therapist is required by law to give you this notice. It will tell you about the ways in which your therapist may use and disclose health information about you/your child and describes your rights and our obligations regarding the use and disclosure of that information.

HOW YOUR THERAPIST MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU/YOUR CHILD

Your therapist may use and disclose health information for the following purposes:

For Treatment. Your therapist may use health information about you/your child to provide you/your child with mental health treatment or services. Your therapist may disclose health information about you/your child to other personnel who are involved in taking care of you/your child and your/your child's health.

For example, therapists receive regular supervision and may consult about your child's treatment to develop other strategies that may address your concerns and goals.

Your therapist may share information about you/your child to coordinate your/your child's care, such as requesting medication evaluation. Other health care providers may be part of your/your child's medical care outside this office and may require information about you/your child that your therapist has.

For payment. Your therapist may use and disclose health information about you/your child so that the treatment and services you/your child receive may be billed to and payment may be collected from you, an insurance company or a third party such as Crime Victims Compensation.

For example, your therapist may need to give your/your child's health plan information about a service you/your child received here so your/your child's health plan will pay us for the service. Your therapist may also tell your/your child's health plan about a treatment you/your child are going to receive to obtain prior approval or to determine whether your/your child's plan will pay for the treatment.

For Health Care Operations. Your therapist may also disclose your/your child's health information to health plans that provide you/your child insurance coverage and other health care providers that care for you/your child. Our disclosures of your/your child's health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

SPECIAL SITUATIONS

Your therapist may use or disclose health information about you/your child for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety. Your therapist may use and disclose health information about you/your child when necessary to prevent a serious threat to your/your child's health and safety or the health and safety of the public or another person.

Required By Law. Your therapist will disclose health information about you/your child when required to do so by federal, state or local law. For example, state law may require that your therapist disclose PHI to certain federal, state, local and private agencies involved in child abuse investigations, including the review of such investigations.

Research. Your therapist may use and disclose health information about you/your child for research projects that are subject to a special approval process. Your therapist will ask you for your permission if the researcher will have access to your/your child's name, address or other information that reveals who you are or who your child is, or will be involved in your/your child's care at the office.

Organ and Tissue Donation. If you or your child are/is an organ or tissue donor, your therapist may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence. If you/your child are or were a member of the armed forces, or part of the national security or intelligence communities, your therapist may be required by military command or other government authorities to release health information about you/your child. Your therapist may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. Your therapist may release health information about you/your child for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. Your therapist may disclose health information about you/your child for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities. Your therapist may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, your therapist may disclose health information about you/your child in response to a court or administrative order. Subject to all applicable legal requirements, your therapist may also disclose health information about you/your child in response to a subpoena.

Law Enforcement. Your therapist may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors. Your therapist may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable. Your therapist may use or disclose health information about you/your child in a way that does not personally identify you/your child or reveal who you are or who your child is.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Your therapist will not use or disclose your/your child's health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you/your child for any reason not listed above, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, your therapist will no longer use or disclose information about you/your child for the reasons covered by your written *Authorization*, but your therapist cannot take back any uses or disclosures already made with your permission.

In some instances, your therapist may need specific, written authorization from you in order to disclose certain types of specially-protected information such as substance abuse information for purposes such as treatment, payment and healthcare operations.

YOUR/YOUR CHILD'S RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU/YOUR CHILD

You have the following rights regarding health information your therapist maintain about you/your child:

Right to Inspect and Copy. With some exceptions, you have the right to inspect and copy your/your child's health information, such as medical and billing records, that your therapist keeps and use to make decisions about your/your child's care. You must submit a written request in order to inspect and/or copy records of your/your child's health information. If you request a copy of the information, your therapist may charge a fee for the costs of copying, mailing or other associated supplies. Your therapist will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your/your child's medical record.

If you request to view a copy of your/your child's health information and the request is approved, your therapist will not charge you for inspecting your/your child's health information. If you wish to inspect your/your child's health information, please submit your request in writing to your therapist. You have the right to request a copy of your/your child's health information in electronic form if your therapist store your/your child's health information electronically.

Your therapist may deny your request to inspect and/or copy your/your child's record or parts of your/your child's record in certain circumstances. Under the law, you may not have a right to access information compiled in reasonable anticipation of or for use in a civil, criminal or administrative proceeding. You also may not have the right to access information that was obtained from someone else under a promise of confidentiality.

If you are denied copies of or access to, health information that your therapist keeps about you/your child, you may ask that the denial be reviewed by your therapist. If the law gives you a right to have the denial reviewed, your therapist will select a licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request, and your therapist will comply with the outcome of the review. **Please note that a decision will not be made at the time that your request is submitted. You will be contacted about the decision within 60 days.**

Right to Amend. If you believe health information your therapist has about you/your child is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as the information is kept by your therapist.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to your therapist.

Your therapist may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, your therapist may deny or partially deny your request if you ask to amend information that:

- Your therapist did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that your therapist keeps
- You would not be permitted to inspect and copy
- Your therapist believes it is accurate and complete

If your therapist denies or partially denies your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your/your child's medical record. Your rebuttal needs to be five (5) pages in length or less and your therapist has the right to file a rebuttal responding to yours in your/your child's medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures your therapist made of medical information about you/your child for purposes other than treatment, payment, health care operations, when specifically authorized by you/your child and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request **in writing** to your therapist. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, your therapist may charge you for the costs of providing the list. Your therapist will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information your therapist uses or discloses about you/your child for treatment, payment or health care operations. You also have the right to request a limit on the health information your therapist discloses about you/your child to someone who is involved in your/your child's care or the payment for it, like a family member or friend. For example, you could ask that your therapist not use or disclose information about a surgery you/your child had.

Your therapist is not required to agree to your request. If your therapist does agree, your therapist will comply with your request unless the information is needed to provide you/your child emergency treatment or your therapist are required by law to use or disclose the information.

Your therapist is required to agree to your request if you pay for treatment, services, supplies and prescriptions "out of pocket" and you request the information not be communicated to your/your child's health plan for payment or health care operations purposes. There may be instances where your therapist is required to release this information if required by law.

To request restrictions, talk with to your therapist.

Right to Request Confidential Communications. You have the right to request that your therapist communicate with you/your child about medical matters in a certain way or at a certain location. For example, you can ask that your therapist only contact you/your child at work or by mail.

To request confidential communications, talk with your therapist. Your therapist will not ask you the reason for your request. Your therapist will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact your therapist.

CHANGES TO THIS NOTICE

Your therapist reserves the right to change this notice, and to make the revised or changed notice effective for medical information your therapist already has about you/your child as well as any information your therapist receives in the future. Your therapist will post the current notice at their location(s) with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

Your therapist will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at your therapist's location(s), or other means of communication.

BREACH OF HEALTH INFORMATION

Your therapist will inform you/your child if there is a breach of your/your child's unsecured health information.

COMPLAINTS

If you believe your/your child's privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights Region X
U.S. Department of Health & Human Services
2201 Sixth Avenue – M/S: RX-11
Seattle, WA 98121-1831
Phone: 800-368-1019
Fax: 206-615-2297
TDD: 800-537-7697

You will not be penalized for filing a complaint.