



Forever Evolving Psychotherapy PLLC

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## HIPAA and Washington State Notice of Privacy Practices Notice of Privacy Practices

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

Your Health Record contains personal information about you and your health. The information may identify you and your past, present, or future physical and mental health condition, as well as related health care services. This information is referred to as Protected Health Information ("PHI"). The Notice of Privacy Practices describes how we may use and disclose PHI in accordance with applicable law and the NASW Code of Ethics.

### **You have the following rights regarding your PHI.**

- You have the right to review and/or request a copy of your PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to review and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause harm to you. I may charge a reasonable, cost-based fee for copies.
- You have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to the record will be placed within your record at your request.
- You have the right to request restrictions on certain uses or disclosure of your PHI. As a treating psychotherapist, I am not obligated to agree to your request for restriction. If I believe sharing this information is required for your safety or optimum care, I would prefer for us to make a mutual decision with regards to how to proceed.
- You have the right to request confidential communications regarding your PHI, including the fact that you are my client. You may request that I contact you only through a specific phone number, address, or email. I am required to meet reasonable requests.
- You have the right to request a written accounting of disclosures. I may have made about your PHI. The law allows many exceptions to this accounting, but my preference and practice is for you to know any disclosures before they occur.
- You have a right to have a written copy of this notice.
- You have the right to file a complaint in writing with me and/or with the Secretary of the Department of Health and Human Services if you believe that I have violated your privacy rights. I will not retaliate against you for filing such a complaint.

## **How the therapist may use and disclose health information about you:**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care and for the purpose of providing, coordinating, or managing your health care treatment and related services. It is my practice to obtain written authorization from you before disclosing your PHI to other treatment team members.

**For Payment and Health Care Operations.** I may use information from your healthcare record to create billing statements. In addition, with your written consent, I may disclose your PHI to third-party payers (i.e. insurance company) to obtain information concerning eligibility, coverage, and remaining availability as well as to submit claims for payment, determining medical necessity, and for utilization review.

**Required by Law.** Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Consultation.** I consult regularly with other professionals regarding my clients; however, the client identities remain completely anonymous, and confidentiality is fully maintained.

### **Without Authorization:**

**HIPAA.** Applicable law and ethical standards permit me to disclose information about you without authorization and only in a limited number of situations. As a social worker licensed in the state of Washington and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosure without authorization. The following language addresses these categories to the extent consistent with the NASW Code of Ethics and HIPAA.

**Medical emergencies.** I may use or disclose your PHI in a medical emergency situation and to emergency response personnel only.

**Abuse or neglect.** I may disclose your PHI to a state or local agency authorized by law to receive reports of child, elder, or dependent adult abuse or neglect.

**Court order.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Minors.** If you are a minor (under 18 years of age), I may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.

**Deceased Client.** I may disclose PHI regarding deceased clients as mandated by state law. A release of information may be limited to an executor or administrator of a deceased person's estate.

**Public Safety.** I may disclose your PHI if necessary, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, disability, or directed by a public health authority, to a government agency that is collaborating with that public health authority.

