

Notice of Privacy Practices Regarding Protected Health Care Information (Effective 04/14/2003)

To my clients: Psychotherapists are required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA). This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

In my practice, I respect your privacy and I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so as described below. The law protects the privacy of the health information I create and obtain in providing my care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatments, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to obtain your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by me recorded in your medical record and used to help decide what care may be right for you.
- I may also provide information to other medical providers for your care. This will help them stay informed about your care.

For payment:

- I request payment from your health insurance plan. Health plans need information from me about your medical care. Information provided to health plans may include your diagnoses, and /or recommended care.

For health care operations:

- I use your medical records to assess quality and improve services.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- I may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Other Disclosures and Uses of Protected Health Information

I may use and disclose your protected health information without your authorization as follows:

- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply with Workers' Compensation Laws**—if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury, or disability
 - to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when I receive a subpoena, Court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, I may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask me to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require me to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, I may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Your Health Information Rights

The health and billing records I create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant the request.
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice").
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information—except in certain circumstances.
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, I will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. I will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give me your request in writing.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact me.

My Responsibilities:

I am required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it.

To Ask for Help or to Complain:

If you have questions, want more information, have a complaint, or want to report a problem about the handling of your protected health information, you may contact Peggy Scaief, LICSW, LLC, 2215 Elm Street, Bellingham, WA, 98225 or phone (360) 306-1054. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services.

I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask to correct that record. Please allow 3 working days for such requests to be completed. You may see your record, or get more information about it, by contacting me.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual's signature

Date

Time

Printed name if signed on patient's behalf
Rev 2-4-2008

Relationship to patient (parent, guardian, etc.)