

## **Notice of Privacy Practices**

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

I care about my clients' privacy and strive to protect the confidentiality of your health information at this practice. Federal legislation requires that I issue this official notice of my privacy practices. You have the right to the confidentiality of your health information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. I only release information in accordance with state and federal laws and the ethics of the counseling profession. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

### **Who Will Follow This Notice**

Any healthcare professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in the Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

### **Use and disclosure of protected health information for the purposes of providing services**

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes. Examples are provided for each category of uses or disclosures. Not every possible use of disclosure in a category is listed.

#### **For Treatment.**

I may use health information about you to provide you with treatment or services such as individual therapy and treatment planning. Example: If a psychiatrist is treating you, I may disclose your PHI to them in order to coordinate your care.

#### **For Payment.**

I may use and disclose health information about you so that the treatment and services you receive from me may be billed and payment may be collected from you, an insurance company, or a third party. Example: I may need to send your protected health

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information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment, to verify insurance coverage, or process claims.

### **For Health Care Operations.**

I may use and disclose health information about you for health care operations to assure that you receive quality care. Example: I may use health information to review my treatment and services and evaluate the performance in caring for you.

### **Other Uses or Disclosures That can be Made Without Consent or Authorization**

- As required by state or federal law
- For public health activities to avert a serious threat to public health or safety
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- Working with a coroner, medical examiner, or funeral director
- If an inmate, to the correctional institution or law enforcement official
- For law enforcement purposes, such as reporting criminal activity occurring on my premises
- Other healthcare providers' treatment activities, including coordination of care, consultations between healthcare providers, and referrals from one healthcare provider to another
- For research purposes, including studying and comparing the mental health of clients who received one form of therapy versus those who received another form of therapy for the same condition
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Health oversight activities, including audits and investigations
- For mandated reporting of suspected, child, elder, or vulnerable adult abuse or neglect
- Appointment reminders or scheduling
- Treatment alternatives or other health-related benefits and services that may be of interest to you

### **Uses and Disclosures of Protected Health Information Requiring Your Written Authorization**

Other uses and disclosures of healthcare information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you give me authorization to use or disclose healthcare information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will thereafter no longer use or disclose healthcare information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I have already made with your authorization, and that I am required to retain my records of the care I have provided you.

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**Your Individual Rights Regarding Your Healthcare Information Complaints.**

If you believe your privacy rights have been violated, please communicate this to me first. You may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

**Right to Request Restrictions.**

You have the right to request restrictions or limitations on the healthcare information I use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care or the payment for your care. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer. In your request, you must tell me what information you want to limit.

**Right to Request How I Contact You.**

You have the right to request how I should contact you about healthcare matters such as by home phone, cell phone, or work phone, or to ask me to send mail to a different address. I will attempt to accommodate all reasonable requests and reserve the right to deny a request if it imposes an unreasonable burden on the practice.

**Right to Inspect and Copy.**

You have the right to inspect and copy healthcare information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes, to which access is prohibited by law. To inspect and copy medical information you must submit your request in writing to the Privacy Officer at the practice. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. If you request copies of your healthcare information, I reserve the right to charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. I may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

**Right to Amend.**

If you feel the healthcare information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. I may deny your request for an amendment

if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if the information was not created by me, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which I deem to be accurate and complete. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record. If I deny your request I will tell you why in writing within 60 days of receiving your written request.

**Right to an Accounting of Non-Standard Disclosures.**

You have the right to request a list of the disclosures I made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists requested in the same year, I reserve the right to charge you a reasonable fee for the cost of providing each additional list. I will respond to your request for an accounting of disclosures within 60 days of receiving your written request.

**Right to a Paper Copy of This Notice.**

You have the right to a paper copy of the Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice.

**Right to Receive Changes to This Notice.**

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective for healthcare information I already have about you as well as any information I receive in the future. You have a right to receive changes to this policy and may request those changes from the Privacy Officer. I will post a copy of the current Notice, with the effective date in the upper right corner of the first page.