

Notice of Privacy Practices (2021)

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

Your privacy is of the utmost importance to me. It is also complicated, because of the many federal (e.g., Health Insurance Portability and Accountability Act, or HIPAA) and state laws currently in place, as well as the professional and ethical responsibility of psychologists to protect health information. Because the rules are so complicated, some parts of this notice are very detailed, and you may need to read them several times to ensure they make sense. If you have any questions, please don't hesitate to ask me.

I. Introduction

This notice will tell you how I handle your medical information. It tells you how I use this information here in this office, how I disclose (share) it with other health care professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for answers or explanations.

II. What I mean by your medical information

Each time we have an appointment, or you visit any doctor's office, hospital, or clinic, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests or treatment you got from us or from others, or about payment for health care. All this information is called "PHI," which stands for "protected health information" which means its privacy must be protected. This information goes into your medical or health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing and what

you tell me.

- Records I get from others who treated you or evaluated you.
- Information about medications you took or are taking.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I use it:

- To plan your care and treatment.
- To decide how well treatment is working for you.
- When I talk to other health care professionals who are also treating you such as your family doctor or psychiatrist. Almost always, I will ask you to sign a release of information form, which will explain what information will be shared and why.
- To improve the way I do my job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

III. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I will share only the *minimum necessary* PHI needed for those people to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared.

I need information about you and your condition to provide care to you. In almost all cases, I intend to use your PHI here or share it with other people to provide treatment to you, arrange for payment for services, or some other business functions called “health care operations.” You have to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before we begin treatment. If you do not consent to this, I will not treat you because there is a risk of not helping you if I don’t have some information.

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- I use your information to provide you with psychological treatments or services. Examples of treatment are individual therapy and consultation with another provider about your care. To share information with other professionals outside of this office, I will need your permission on a signed release of information form.
- I may use your information so I can be paid for the treatments I provide to you. Examples of payment use are when I disclose your PHI to your health insurer, or obtain reimbursement for your healthcare,

or to determine eligibility or coverage.

- I may also use your information for health care operations. These are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- Business associates: I hire other businesses to do some jobs for me. In the law, they are called “business associates.” Examples include technology services and electronic health record systems. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have all agreed in their contracts with me to safeguard your information just as we do.

IV. Uses and Disclosures Requiring Authorization

If I want to use your information for any purpose besides those described above, I need your permission on a release of information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission.

V. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances, when required by federal, state, or local laws:

- Supervising Provider: As a post-doctoral fellow, my clinical care is supervised by a licensed provider to ensure I am providing you with the best care possible. As a clinical psychologist, the supervising provider follows the same guidelines in this document in regard to your PHI.
- Child and Vulnerable Adult Abuse: If I become aware that you may be abusing, exploiting, or neglecting a child under age 18, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities. (RCW 26.44)
- Danger to Others: If you become a danger to others, I must protect the other person(s) and you by warning the other person(s) at risk and report the danger to the appropriate authorities. (RCW 71.05)

Health Oversight: If the Washington Examining Board of Psychology subpoenas me as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure of

- state-licensed psychologists, I must comply with its orders. This could include disclosing your relevant mental health information.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof,

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such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform me that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

- HIV-related Issues: If you tell me that you are suffering from HIV-related illness and you do not have a physician providing for your care, I must report the identities of you and your IV-drug-using or sexual partner(s) to the local health care officer. (WAC 248-100-072)

VI. Patient's Rights and Psychologist's Duties

Patient's Rights

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are meeting with a psychologist. Upon your request, I will send written communication to another address.
- Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. At your request, I will discuss with you the details of the request and denial process.
- Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- Right to a Paper Copy: You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you by mail with a revised version of this document.

VII. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, I encourage you to speak with me about your concerns. You may also send a written complaint to, or call:

The Secretary of the U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Ave SW

Washington, DC 20201

1-877-696-6775

VIII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on June 1, 2021. I reserve the right to change the terms of this notice, and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice.

Please let me know if you have any questions about the information in this document.