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NOTICE OF PRIVACY PRACTICES

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

Your Legal Rights, Including Privacy & Confidentiality (Last updated 11/29/18):

- ▶ You have the right to refuse and/or end treatment at any time.
- ▶ Parents and guardians of children under 13-years-old, who have legal health decision-making rights, may refuse and/or end their child's treatment at any time.
- ▶ You have a right to get a copy of your paper or electronic medical record.
- ▶ You have the right to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I think of this right to privacy as being your most important right as a client. Despite numerous legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission.

Should there be an instance where I ask you to provide me with written permission to reveal something about you or our work together to someone else, and you grant me permission to do so, you also have the right to revoke that permission. The possible legal exceptions to this policy might be:

- * Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person. I am a MANDATED reporter in the State of Washington, obliged to immediately report any suspected, reported or confirmed incident of physical, sexual or other form of abuse or neglect against a child or vulnerable adult.
- * Where there is a clear threat to do serious bodily harm to yourself or others;
- * In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint.
- * In response to a court order compelling me to disclose or testify about information regarding your treatment and/or treatment records.
- * I may share information about you if a state or federal law requires it.

▶ If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, it would be my preference to work with you to prevent or limit such disclosures.

▶ If you are being seen in sessions with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.

▶ As an ongoing part of my clinical development and in pursuit of providing you with the best care, I consult regularly with a group of colleagues who are Licensed Social Workers and/or Licensed Couple and Family Therapists and/or Licensed Mental Health Counselors. Should I discuss your

therapy with my consultants, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.

▶I do keep an electronic record of dates of service and fees as well as notes on assessment and notes of each session to assist me in my work. You have the right to review your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.

▶You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you may request that I speak with your primary care doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.

▶You have the right to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge clinical information to anyone who answers your home or work phone (should I have occasion to call you), and/or you can request that I use an alternate mailing address if communication by mail is necessary. It is my policy not to receive or provide Private Health Information via email. Please do not provide PHI via email. If you request to receive PHI via email, I will discuss with you options for receiving it in a more secure manner. If you insist on receiving PHI via email from my office, I will ask you to sign a Release Form. Please see Practice Policies for information on how to best communicate PHI via a client portal on SimplePractice.

▶You have the right to request a written accounting of the disclosures I may have made of your healthcare information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.

▶You have the right to have this written copy of this Privacy Notice, as well as my Practice Policies and Treatment Consent forms.

▶You have a right to choose someone to act for you in the terms of this notice.

▶In addition to your rights, you also have some choices:

No part of your Private Health Information will be shared without your permission for

*Marketing purposes

*Sale of your information

*Most sharing of psychotherapy notes

*Although it is legal for me to contact you for fundraising efforts, this is not my practice and you may tell me not to contact you again.

▶You may **choose** to tell me how to:

*Contact you (or not) by email.

*Share information with family, close friends, or others involved in your care.

*Share information in a disaster relief situation. If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to your health or safety.

My Responsibilities Regarding Health Information:

►How I typically use and disclosure your health information:

*To treat you

*To run my practice – for example, I may use your information to manage and improve your treatment and services, and contact you when necessary.

*To bill you for services rendered

*To bill your health insurance company for your services rendered to you

►I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you.

►I am required to let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Complaints:

If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Secretary of the Dept of health and Human Services. I will NOT retaliate against you for filing such a complaint. You may contact the Department of Health at 360-236-4700, or by writing to Department of Health, Health Professions Quality Assurance Division, P.O. Box 47877 Olympia, WA 98504-7877. You can request a copy of the acts of unprofessional conduct, or access this information online at <http://app.leg.wa.gov/rcw/default.aspx?cite=18.130.180>

Client Acknowledgment of Receipt of Notice of Privacy Policies:

I have read the preceding Notice of Privacy Policies, and have been given an opportunity to ask questions clarifying its contents. I have been given access to a copy of this document. I understand the contents of this document and my rights as a client.

Client Signature

Date