

## HIPAA Form

### Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

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

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
  - Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another mental health care provider, such as your referring provider or another counselor.
  - Payment is when you are reimbursed for your healthcare.
  - Health Care Operations are activities that relate to the performance and operation of my office. 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.
- "Use" applies only to activities within this practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of this office, such as releasing, transferring, or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

Armstrong Counseling may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained.

- An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your session records or my psychotherapy notes.
- "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.
  - You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may *not* revoke an authorization to the extent that this office has relied on that authorization

### **III. Uses and Disclosures with Neither Consent nor Authorization**

As a counselor at Armstrong Counseling, I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If there is a child abuse investigation, this office may be compelled to turn over your relevant records.
- **Adult and Domestic Abuse:** If there is an elder abuse or domestic violence investigation, I may be compelled to turn over your relevant records.
- **Health Oversight:** The Washington Department of Health may subpoena relevant records from me should I be the subject of a complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request, subpoena, or court order is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law; I may be required to release your information without written authorization by you or your personal or legally-appointed representative.
- **Serious Threat to Health or Safety:** I am a mandated reporter, and as such, I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that in the complaint.

### **IV. Patient's Rights and Counselor'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 seeing me. Upon your request, the Clinic will send your bills 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 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. On 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** – You generally 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.

*Counselor'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 and/or by electronic correspondence if available.

**V. 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, you may contact me, Cheri Armstrong, MSW, LICSW at the Armstrong Counseling address listed on the front page. You may also send a written complaint to the Washington Department of Health. I can provide you with the appropriate address upon request.

**VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice went into effect on 5 December 2010.

My signature below indicates that I have read and understand the foregoing information.

\_\_\_\_\_  
Signature of Client (or Representative)

\_\_\_\_\_  
Date

(If a personal representative of the patient signs the authorization, a description of such representative's authority to act for the patient must be provided.)

This notice complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 C.F.R. parts 160 and 164).