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## **HIPAA and Washington State Notice of Privacy Practices**

### **NOTICE:**

I keep a record of the health care services I provide you. You may ask me to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it at 4505 44th Ave. S.W., Seattle, WA 98116

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

Your health record contains personal information about you and your health. State and Federal law protects the confidentiality of this information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health or condition and related health care services. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations.

### **How I May Use and Disclose Health Information About You**

- **For Treatment.** I may use medical and clinical information about you to provide you with treatment services.
- **For Payment.** With your authorization, I may use and disclose medical information about you so that I can receive payment for the treatment services provided to you.
- **For Healthcare Operations.** I may use and disclose your protected health information ("PHI") for certain purposes in connection with the operation of my professional practice.
- **Without Authorization.** Applicable law also permits me to disclose information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained on the following pages.
- **With Authorization.** I must obtain written authorization from you for other uses and disclosures of your PHI.

### **Your Rights Regarding Your PHI**

You have the following rights regarding PHI I maintain about you.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted in certain circumstances, to inspect and copy PHI that may be used to make decisions about your care I may charge a reasonable, cost-based fee for copying and transmitting your PHI.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures that I make of your PHI.

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- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Complaints.** You have the right to file a complaint in writing to me or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. I will not retaliate against you for filing a complaint.

### **Examples of How I May Use and Disclose Health Information About You**

Listed below are examples of the uses and disclosures that I may make of your protected health information ("PHI"). These examples are not meant to be exhaustive. Rather, they describe types of uses and disclosures that may be made.

### **Use and Disclosures of PHI for Treatment, Payment and Health Care Operations**

- **Treatment.** Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.
- **Payment.** I will not use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.
- **Healthcare Operations.** I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice including; disclosures to others for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to assist in the delivery of health care, provided I have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments

### **Other Uses and Disclosures That Do Not Require Your Authorization**

- **Required by Law.** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are healthcare licensure related reports, public health reports, and law enforcement reports. Under the law, I must make certain disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.
- **Health Oversight.** I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control. If I disclose PHI to a health oversight agency, I will have an agreement in place that requires the agency to safeguard the privacy of your information.

- **Abuse or Neglect.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report.
- **Deceased Patients.** I may disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
- **Research.** I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.
- **Criminal Activity on My Business Premises/Against My Staff and Me.** I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against my staff or me.
- **Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI only if I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained.

### **Uses and Disclosures of PHI With Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken an action in reliance on the authorization of the use or disclosure you permitted. . I will not make any uses or disclosures of your psychotherapy notes other than as specified above, I will not use or disclose your PHI for marketing purposes, and I will not sell your PHI without your authorization.

### **Your Rights Regarding your Protected Health Information**

Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

- **You have the right to inspect and copy your Protected Health Information.** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you. Your request must be in writing. I may charge you a reasonable cost-based fee for the copying and transmitting of your PHI. I can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right of recourse to the denial of access. Please contact me if you have questions about access to your medical record.
- **You may have the right to amend your Protected Health Information.** You may request, in writing, that I amend your PHI that has been included in a designated record set. In certain cases, I may deny your request for an amendment. 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 it. Please contact me if you have questions about amending your medical record.
- **You have the right to receive an accounting of some types of Protected Health Information disclosures.** You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes or made as a result of your authorization. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact me if you have questions about accounting of disclosures.
- **You have a right to receive a paper copy of this notice.** You have the right to obtain a copy of this notice from me. Any questions should be directed to me.

• **You have the right to request added restrictions on disclosures and uses of your Protected Health Information.** You have the right to ask me not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and I am not required to agree to such restrictions. Please contact me if you would like to request restrictions on the disclosure of your PHI. You also have the right to restrict certain disclosures of your PHI to your health plan if you pay out of pocket in full for the health care I provide to you.

• **Right to Opt Out.** You have the right to chose not to receive fundraising communications from me. I do not contact clients for fundraising purposes.

• **Right to Notice of Breach.** You have the right to be notified of any breach of your unsecured PHI.

• **You have a right to request confidential communications.** You have the right to request to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable written requests. I may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. I will not ask you why you are making the request. Please contact me if you would like to make this request.

#### **This Notice**

This Notice of Privacy Practices describes how I may use and disclose your protected health information ("PHI") in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by sending a copy to you in the mail upon request, or providing one to you at your next appointment.

#### **Contact Information**

I am my own Privacy Officer. If you have any questions about this Notice of Privacy Practices, please contact me. My contact information is:

Jeffrey L. Morrison MA, LMHC  
West Seattle Professional Building  
4505 44th Ave. S.W.  
Seattle, WA 98116  
206-935-7850

#### **Complaints**

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer, as specified above. I will not retaliate against you for filing a complaint.

Effective date of this notice: February 20, 2013