

NOTICE OF PRIVACY PRACTICES

**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.**

CHART COPY—PLEASE SIGN

As part of my professional practice, I maintain personal information about you and your physical and mental health. "Protected health information" ("PHI") is information about you that may identify you and that relates to your past, present or future physical or mental health condition, services provided, or payment for those services. This Notice of Privacy Practices describes your rights regarding that information, how I *may* use and disclose that information and my duties to protect that information in accordance with applicable law and the *American Mental Health Counselors code of ethics*.

How I may use and disclose health information about you.

Treatment: Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordination, or managing your health care treatment and related services. An example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider involved in your care. In case of emergency, a family member may be contacted. In certain circumstances, I may contact you to discuss treatment options, or to provide follow up to a referral.

Payment: Your health information may be used in connection with billing statements I send you and for tracking charges and credits to your account. In addition, but with your authorization, I may disclose your PHI to third party payers to obtain information concerning benefits, eligibility, and coverage as well as to submit claims for payment. I may also disclose your health care information for medical necessity and utilization review purposes. If it becomes necessary to use collections due to lack of payment for services, I will only disclose the minimum amount of identifying information necessary for purposes of collection.

Health Care Operations: Your health care information may be used or disclosed for the health care operations of my professional practice. Such disclosures would be to provide quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law: I may use or disclose your health information to the extent that the use or disclosure is required by law. Examples are public health reports, abuse and neglect reports, law enforcement reports, worker's compensation programs, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight: I may disclose your health information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

Threat to Health or Safety: I may disclose your health information when necessary to minimize an imminent danger to the health or safety of you or any other individual.

Business Associates: I may disclose your health information to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf which may involve their collection, use or disclosure of your PHI. My contract with them must require them to safeguard the privacy of your health information.

Court Order: I will disclose your protected health information if I am ordered to do so by a court order or other lawful process.

Uses and Disclosures of PHI with Your Written Authorization: I will make other uses and disclosures of your protected health information only with your written authorization. You may revoke this authorization in writing at any time. Of course, I am unable to take back any disclosures I have already made with your permissions prior to a revocation.

Your Rights Regarding Your Protected Health Information

You have the right to:

- **Request access to or a copy of** your health information. Your request must be made in writing and will be denied only in certain limited situations. I may charge a reasonable fee for producing and mailing the copies.
- **Ask me to amend your health information** in your record if you believe it is incorrect or incomplete. Your request must be in writing and must provide the reason for your request. In certain cases, I may deny your request.
- **Seek an accounting of disclosures** by asking me in writing for a list of the disclosures I have made of your health information, except for disclosures for treatment, payment and health care operations.
- **Request Restrictions** by asking that I limit the way I use or disclose your medical information for treatment, payment, or health care operations. I am not required to agree to your request.
- **Request Confidential Communication** with you by another means to preserve confidentiality. For example, if you want me to communicate with you at a different address or telephone number I can usually accommodate your request if it is reasonable.
- **Receive a paper copy** of this notice.
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Changes to this Notice: This Notice of Privacy Practices informs you how I may use and disclose your protected health information ("PHI") and your rights regarding your information. I am required by law to maintain the privacy of your health information and to provide you with notice of my legal duties and privacy practices with respect to your health information. 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 protected health information that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request, or providing a copy to you at your next appointment.

Complaints: If you believe your privacy rights have been violated, you may contact me or submit your complaint in writing to Judy Volmert, MSW, Privacy Officer; P.O. Box 1625, Snohomish, WA 98291. If I cannot resolve your concern, you may also contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information

Judy Volmert, MSW is the Privacy Officer, so, if you have any questions about this Notice Of Privacy Practices, please contact her.

**Her contact information is:
P.O. Box 1625
Snohomish, WA 98291
(425) 953-4360**

The effective date of this Notice is April 14, 2003.

Acknowledgment

I hereby acknowledge receiving a copy of this notice.

Patient's Signature

Date