

Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed, and how you can get access to this information.

As of April 14, 2003, the Health Information Portability and Accountability Act of 1996 (HIPPA) requires that I provide you with information about how I use and protect the information you provide to me in the course of treatment. This Notice is a statement of my privacy policies and your rights under HIPPA.

Information that is included in your file:

Your file of “protected health information” includes all of the data I collect from you (address, telephone number, insurance information, history, medications, payment records, and so forth), any written communication from you (including email), notes on telephone conversations, and the progress notes I create after each session. The file also contains notes of any contacts with other “collateral” contacts (schools, doctors, other professionals etc.) and any reports or legal paperwork you provide to me.

How your information is stored:

All of your protected health information is stored in a locked file cabinet in my office, in a folder identified by your name. Only I have access to the keys to that file cabinet. Typewritten notes, correspondence, electronic faxes, etc. may temporarily also be stored in my personal computer. They are password protected and only I have the password. They are erased when the permanent copy is printed and placed in your file. If you choose to correspond with me by email, that information is temporarily stored with the internet service provider.

How your information will be used:

It is my policy to hold your information in strict confidentiality, and to use it only for purposes of your treatment. This means that I will not disclose any personal information, including the fact you are receiving treatment to anyone without your written permission (and the written permission of legal guardians of children under the age of 13). There are certain legally required exceptions to this policy:

1. I am required by Washington law to report incidents of abuse or neglect of a child, elder or vulnerable adult of which I become aware to the appropriate authorities. It is my policy to discuss the necessity of such a disclosure with my client if at all possible before reporting.
2. If you are suicidal or in danger of hurting yourself, I am ethically obligated to notify family members or the appropriate authorities in order to protect your safety.
3. If you threaten to harm another person, I have a duty to break confidentiality, warn that person, and warn the appropriate authorities.
4. In certain legal proceedings I may be required to reveal information in response to a court or administrative agency order, and in certain cases in response to a subpoena, discovery request or other lawful process.

5. Please be aware that both custodial and non-custodial parents may have access to the treatment records of their minor children (children under 18).
6. I have the right to disclose necessary protected information in any legal proceedings involving my license.
7. I have the right to disclose necessary protected information in the course of an investigation by the Secretary of the Department of Health and Human Services regarding compliance with HIPPA.
8. I may be required to disclose certain protected client information for public health purposes, or in regard to communicable diseases.

In addition, I participate in consultation with other professionals. Any individual case information revealed in consultation is disguised to prevent identification of the client involved, and of course your name will not be used.

Your rights under HIPPA:

You have the right to request that I restrict the use and disclosure of your protected health information for treatment, payment and health care operations. I am not required to agree to your restrictions, but I am bound by any agreements I make with you in this regard. (Under Washington law, you have a right to request that I not keep notes of our session, other than a record that the session occurred. Please discuss this with me if you are interested in exercising this option).

You have the right to request that I contact you by alternative methods and locations, instead of the standard practice of telephoning you at your home or office.

You have the right to inspect and obtain a copy of your official record. Copying and administrative costs will be charged for this service as per Washington State law.

You have the right to amend information in your client record which you believe is erroneous.

You have a right to an accounting of disclosures of your private health information.

You have a right to receive a copy of this notice upon request.

You have a right to file a complaint with me, the Secretary of Health and Human Services, or both in regard to my HIPPA practices. I will not retaliate against you should you file such a complaint.

I acknowledge Receipt of these privacy practices:

Signature/parent/guardian

Date