

## 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 it carefully. Protected Health Information is any identifying information about you that relates to your past or current health status, participation in counseling, or payment for counseling. I only release protected health information when required by state and federal laws and/or the ethics of the counseling profession. These policies are in accordance with the Health Insurance Portability and Accountability Act (HIPAA), the Washington Administrative Code (WAC), and the Revised Code of Washington (RCW).*

### How I May Use Your Information

Use and disclosure of protected health information for the purposes of providing services, collecting payment, and conducting business operations are necessary activities for quality care. State and federal laws allow me to use and disclose your protected health information for the following purposes:

#### **Treat you**

I can use your protected health information and share it with other professionals who are treating you.

#### **Run my organization**

I can use and share your protected health information to run my practice, improve your care, and contact you when necessary.

#### **Bill for your services**

I can use and share your protected health information to bill and get payment from health plans or other entities.

#### **Help with public health and safety issues**

I can share protected health information about you for certain situations related to safety:

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

I can use or share your protected health information for research.

#### **Comply with the law**

I will share protected health information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.

### How else can I use or share your protected health information?

I am allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Other Uses and Disclosures**

I will not share your counseling session notes without your written permission unless required to do so by law.

I will not use any of your protected health information for marketing or fundraising purposes without your written permission.

## **Your Rights**

### **Request a copy of your protected health records for yourself or someone else**

You can ask to see or get a copy of your records. In most cases, I will provide a copy or a summary of your records within 15 days of your request. I may charge a reasonable, cost-based fee.

If you are a parent or legal guardian of a minor 13 years of age or older, please note that certain portions of a minor's clinical record will not be accessible to you (e.g. records related to mental health treatment, substance abuse treatment, sexually transmitted diseases [age 14 and older], or abortions).

I may deny your request for a copy of your records if the disclosure would endanger you or another person or if the requested information references other individuals.

If a request for disclosure is denied for reasons outlined above, you or your legal representative may request review of the denial. Another licensed healthcare provider, appointed by me, who was not involved in the original decision to deny access will conduct a review within 30 days.

### **Ask me to correct your protected health records**

You can ask me to correct your records if you think they are incorrect or incomplete. I may say "no" to your request, but I'll tell you why in writing within 15 days.

### **Request confidential communications**

You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

I will consider all reasonable requests and must say "yes" if you tell me you would be in danger if I do not.

### **Request that I share your protected health information with someone else**

You can ask me to share information with your family, support system, or others involved in payment for your care. You will need to sign an authorization form or "release of information," and you may revoke any such authorization in writing at any time.

### **Ask me to limit what protected health information I use or share**

You can ask me not to use or share certain information for treatment, payment, or my operations.

I am not required to agree to your request, and I may say "no" if it would affect your care.

### **Get a list of those with whom I've shared your protected health information**

You can ask for a list of the times (accounting) I've shared your protected health information for six years prior to the date you ask, who I shared it with, and why.

I will include all the disclosures except for those about treatment, payment, and mental health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

### **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian with rights to access your protected health information, that person can exercise your rights and make choices about your protected health information.

I will make sure the person has this authority and can act for you before I take any action.

### **File a complaint if you feel your rights are violated**

I am the privacy officer for Atlas Counseling. You can file a complaint if you feel I have violated your rights by contacting me by phone at 206.639.2880 or by mail at 2722 Eastlake Ave E Suite 300 Seattle, WA 98102.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

I will not retaliate against you for filing a complaint.

## **My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in this notice and give you a copy of it. I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and on my website.