



Notice of Privacy Practices

Family Foundations Counseling

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," (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental condition and related health care services.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI that I maintain about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy of the PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me in writing to amend the information although I am not required to agree to the amendment. If I deny your request to amend, I will explain the reason for doing so in writing. You will have the opportunity to send me a statement explaining why you disagree with the decision to deny your request and we will share your statement whenever we disclose the information in the future.

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of certain disclosures we may have made of your PHI.

Right to Request Restrictions. You have the right to request in writing a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.

You have the right to request that we restrict disclosures of your PHI to a health plan when that PHI relates solely to a service for which you, or another person on your behalf (not a health plan), has paid us for in full (out-of-pocket). Once the request has been made and payment in full has been received, we must follow your restrictions.

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. I will accommodate reasonable requests and will not ask why you are making the request.

Right to Notification if a Breach of Your PHI Occurs. You have the right to be notified in the event of a breach of PHI. If a breach of PHI occurs and if that information is unsecure (not encrypted) I will notify you promptly with the following information:

- A brief description of what happened;
- A description of the PHI that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

Right to a Copy of this Notice. You have the right to a paper copy of this notice upon request.

Right of Complaint. You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

MY USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATION

Treatment. Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your healthcare treatment and 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. I may use your PHI in connection with billing statements sent to you. I may use your PHI for the purpose of tracking charges and credits to your account.

Healthcare Operation. I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice. Such disclosures could be to others for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist in the delivery of health care, provided I have a written contract requiring the recipient(s) to safeguard the privacy of your PHI. I may also contact you to remind you of your appointments, inform you of treatment alternatives and/or health related products or services that may be of interest to you.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION OF OPPORTUNITY TO OBJECT

Required by Law. I may use or disclose your PHI to the extent that the use of disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, 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 PHI to a health oversight agency for activities authorized by law such as 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 PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

Research. I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and an authorization or 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.

Threat to Health or Safety. I may disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of the public or another person.

Business Associates. I may disclose your PHI to the extent minimally necessary to Business Associates that are contracted by us to perform health care operations or payment activities on our behalf, which may involve their collection, use, or disclosure of your PHI. To safeguard the privacy of your PHI, such contracts are regulated by the Department of Health and Human Services and must contain provisions designed to limit the use and re-disclosure of your PHI, to require compliance by the Business Associate with your individual rights, to subject the Business Associate to specified security obligations, and to require the Business Associate to require such obligation of a subcontractor.

Criminal Activity on My Business Premises/Against My Staff or 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 if 1) you and I have been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid compliance, 2) no qualified judicial or administrative protective order has been obtained, 3) we have received satisfactory assurances that you received notice of your right to seek a protective order, and 4) the time for your doing so has elapsed.

USES AND DISCLOSURES OF PHI REQUIRING YOUR OPPORTUNITY TO AGREE OR OBJECT

Prior Providers. We may disclose your PHI to your prior health care providers, unless we have given you the opportunity to agree or object, and you have objected in writing.

Close Personal Relationships. In accordance with good professional practices, we may disclose your PHI to person(s) who are close to you that are involved with your care, unless we have given you the opportunity to agree or object, and you have objected. When you are not present or in situation of your incapacity or in an emergency, and where disclosure, in our clinical judgment would be in your best interest, we will disclose your PHI as minimally necessary.

Disaster Relief Purposes. In situations of your absence, incapacity or emergency and in accordance with good professional practice, we may disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, which are directly relevant to your identification and care.

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 or the use or disclosure you permitted, such as providing you with health care services for which I must make subsequent claim(s) for payment.

Certain Uses and Disclosures of PHI I do not make. I do not engage in academic or commercial research involving PHI. I do not engage in marketing activities using patient PHI. I do not engage in the sale of PHI. I do not fundraise using patient PHI. I do not maintain directory information for public disclosure.

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 right 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 providing a copy upon your 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*, contact me. My contact information is:
Family Foundations Counseling, PLLC
2002 65th Ave West
Fircrest, WA 98466
(253) 566-5559

COMPLAINTS

If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer, specified on the first page of this *Notice*. I will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services.

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

ACKNOWLEDGMENT

I hereby acknowledge receiving a copy of this notice.

Date

Printed Name

Signature

Date

Printed Name

Signature