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NOTICE OF CONFIDENTIALITY AND PRIVACY PRACTICES

CONFIDENTIALITY

The law protects the relationship between a client and a counselor, and information cannot be disclosed without written permission.

Exceptions include:

- Suspected child abuse or dependent adult or elder abuse, which I am required by law to report to the appropriate authorities immediately.
- If I believe, in good faith, that use or disclosure is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public, and the information is disclosed only to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, I may do so.
- If a client intends to harm himself or herself, I will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, I may take further measures without their permission that are provided to me by law in order to ensure their safety.
- In response to a valid subpoena.
- If a client brings suit against a me, I may release confidential information to defend myself.

NOTICE OF PRIVACY PRACTICES

I am committed to protecting the confidentiality of your health information. I am required by law to maintain the privacy of your Protected Health Information (PHI), including PHI that I keep in electronic form (ePHI). This Notice will help explain to you how I maintain your records, among other things. I am also required to inform you of my legal obligations and how this impacts the privacy protections for your health information. This Notice provides detailed information about how I may use and disclose your health information with or without authorization as well as more information about your specific rights regarding your health information.

This Notice applies to PHI created or received by me that identifies you; relates to your past, present or future mental health needs; relates to the care provided; or relates to the past, present or future payment for your care. PHI typically includes your symptoms, diagnoses, the treatment provided to you, information that may be provided about you by others who have been involved in your care, and billing and payment information relating to your care. PHI may come in traditional paper form or be kept and communicated in electronic form, referred to as ePHI. Examples of ePHI include any records I keep on the computer and/or on cloud-based programs. This Notice applies to both formats.

Some of the uses for the information often contained in your mental health record include:

- A means of communication among multiple health care providers involved in your treatment. These may include your physician(s), other treating therapists and/or your psychiatrist.
- The legal record describing the care you receive.
- A means by which you or a third-party payor (e.g., your insurance company) can verify that services billed for your care were provided.

- A source of information for my planning and to improve the care I give.

It is to your benefit to understand what is in your record and how your health information is used and disclosed so that you can:

- Ensure the accuracy of your record.
- Better understand who, what, when, where and why others may access your record.
- Make an informed decision when authorizing disclosures to others.

Uses and Disclosures of Protected Health Information Without Your Permission

Providers may use or disclose PHI/ePHI *without* your authorization in the following circumstances:

- **To Contact You:** Your PHI may be used to call you or send you a letter about your care, for appointment reminders if you choose that service, to provide you with treatment options, or to advise you about other health-related benefits and services.
- **For Payment Purposes:** I may use your PHI/ePHI to prepare claims to your insurance company. I will include information that identifies you, as well as your diagnosis, dates and types of service provided, and any payments you have made.
- **When Required by Law:** I may use or disclose your health information when required by law. If this happens, disclosures will be made in compliance with the law and will be limited to the relevant requirements of the law. Providers also must comply with the Secretary of the Department of Health and Human Services for the purpose of investigating or determining its compliance with the requirements of the Privacy Rule.
- **For Healthcare Operations/Oversight:** Providers may disclose your PHI to a health oversight agency, such as a government agency, for activities authorized by law, such as for professional licensure and for healthcare operations, such as seeking reimbursement from an insurance company.
- **Business Associates:** Your PHI may be used by providers and disclosed to individuals or organizations that assist the providers with their legal obligations as described in the Notice. For example, I may disclose information to consultants or attorneys who assist in my business activities. Business Associates also contract with providers to assist in business operations, such as billing and administrative support. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.
- **Workers Compensation:** If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all mental health information in my possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

Uses and Disclosure When You Have the Opportunity to Object

- **Disclosure to and Notification of Family, Friends or Others:** Unless you object, providers may use their professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone whom you indicate has an active interest in your care or the payment for your mental health care, or who may need to notify others about your location (for example, for transportation purposes) or general condition.
- **Clinical Notes:** Notes recorded by me documenting the contents of a counseling session and your care are part of your PHI. These will not be disclosed without your consent, unless for

purposes already explained herein. For example, you must authorize the release of your record to your attorney, to a life insurance company, to your employer, the military, or your school. ***You may revoke any such authorization at any time, provided the request is made in writing.***

Your Individual Rights About Patient Health Information

- **Right to Request Restrictions:** You have the right to request in writing that I not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. I am not legally required to agree to your request. After you make your request, I will provide you with written notice of my decision about your request.
- **Right to Request Nondisclosure to Health Plans for Services that are Self-Pay:** You have the right to request in writing that services for which you pay in full in advance of your visit not be disclosed to your health plan.
- **Right to Receive Confidential Communications:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist. Upon your request, I will send your bills to another address.) To request confidential communications, you must make your request in writing and specify how or where you wish to be contacted. I will grant all reasonable requests.
- **Right to Inspect and Receive Copies:** In most cases, you have the right to inspect and obtain copies of PHI in my mental health and billing records for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Request an Amendment to Your Records:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that I amend your PHI for as long as the PHI is maintained in the record. In your request, you must give a reason for the amendment. I am not required to agree to your request but a copy of your request will be added to your record.
- **Right to Know About Disclosures:** You have the right to receive a list of instances when disclosures of your PHI have been made. Certain disclosures will not be included, such as disclosures for your treatment, billing, other healthcare operations, or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- **Right to Make Complaints:** If you are concerned that I have violated your privacy, or you disagree with a decision I made about access to your records, you may file a complaint with me. You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121-1831
206-615-2290
800-362-1710
206-615-2297 (Fax)

Providers' Legal Duties

I am required by law to protect the privacy of your PHI and to notify affected individuals if there is a breach in the security of your PHI. I am also required to provide you with this Notice about my privacy practices, and follow the privacy practices that are described in this Notice.

Effective Date and Changes to the Notice

This notice will go into effect August 7, 2020 and will continue until changes are necessary.

I reserve the right to change the privacy practices described in this Notice. I may revise or change the Notice effective for PHI I already have as well as any information I may receive in the future. I will provide a copy upon request.