

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.

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I. Uses and Disclosures of Protected Health Information (PHI)

A. Permissible uses and Disclosures without Your Written Authorization: I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. Treatment: I may use and disclose your protected health information in order to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, I may use your protected health information, as necessary, to diagnose and provide counseling services to you. In addition, I may disclose your PHI to other health care providers who are involved in your treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. I will not disclose PHI to your insurance company for payment purposes without your written authorization.

Healthcare Operations: I may use or disclose, as needed, your protected health information in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

Required or Permitted by Law: I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

Psychotherapy Notes: Psychotherapy Notes recorded by me as your clinician documenting the contents of our counseling sessions (“Psychotherapy Notes”) will be used only by your clinician and will not be used or disclosed without your written authorization.

Other Permitted and Required Uses and Disclosures: Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. For example, you will need to sign an authorization form before I can send PHI to your insurance company, to a school, or to your attorney.

You may revoke this authorization, at any time, in writing.

II. Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your health information: You may request access to your clinical records and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances I may deny access to your records. Otherwise this information must be released within 15 days. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor 13 years of age or older, please note that certain portions of the minor’s clinical record will not be accessible to you (e.g. records related to mental health treatment [age 13], substance abuse treatment [age 16], sexually transmitted diseases [age 14], or abortions [age 14]).

You have the right to request a restriction of your protected health information: This means you may ask me not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part

of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You must request any such restrictions in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restrictions you may request.

You have the right to request to receive confidential communications by alternative means or at an alternative location: You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have me amend your protected health information: You must provide this in writing and it must explain why the information should be amended. I must respond to your request within 10 days. I may deny your request under certain circumstances. In this event a “statement of disagreement” based on your proposed amendment must be added to the record.

You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information: Upon written request you may obtain an accounting of certain disclosures of PHI by me. This right applies to disclosures for purposes other than treatment, payment or healthcare operations and excludes disclosures made to you or disclosures otherwise authorized by you and is subject to other restrictions and limitations.

I reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Questions and Complaints: I am the Privacy Officer for my practice as per CFR 164.530(a). If you desire further information about your privacy rights or are concerned that I have violated your privacy rights you may contact me either by phone at 425.516.7811, or in writing to 1400 112th Ave SE, Suite 100, Bellevue, WA 98004. You may also file a written complaint with the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services.

I am required by law to maintain the privacy of, and provide individuals with, this notice of my legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please speak to me.

This notice was published on **April 14, 2003** and becomes effective on/or before January 1, 2016.