

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

At the beginning of therapy, Federal law requires that I present you with a copy of the information presented in this document. Please be sure that you receive and sign such a document prior to proceeding with therapy.

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations*. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

“Treatment, Payment and Health Care Operations”

Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“**Use**” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“**Disclosure**” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

If I have reasonable cause to believe that you may be abusing, exploiting or neglecting a child under age 18, a developmentally disabled person, or an elderly person, a report must be made to the appropriate authorities (RCW 26.44).

If I have reasonable cause to believe you are a danger to others, I must protect the other person(s) and you by warning the other person(s) at risk and report the danger to the appropriate authorities (RCW 74.05.120).

If I have reasonable cause to believe you are mentally ill and are unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment, I must report your condition to the authorities (RCW 71.05).

If I have reasonable cause to believe that you are suffering from an HIV-related illness and do not have a physician providing for your care, I must report the identities of your IV drug using or sexual partner(s) to the local health care officer (WAC 248-100-072).

If a professional licensing board subpoenas me as part of its investigation, hearing or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists, I must comply with its order and disclose your relevant mental health information (RCW 18.130.180).

If you are involved in a court proceeding and a request is made for information about the professional services that I have provided to you and the records thereof, such information is privileged under state law, and I will not release information without the written authorization of you or your legal representative, or a court order signed by a judge. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

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 your state's Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request (RCW 51.36.110).

If I reasonably believe that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, I may disclose information to the extent a recipient needs to know to any person, including law enforcement (RCW 710.02.050).

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

Right to Refuse Evaluation or Treatment – You have the right to refuse evaluation or treatment any time.

Right to Change Psychologists – You have the right to change psychologists/therapists or to receive a referral to another psychologist/therapist.

Right to Raise Questions – You have the right to raise at any time, any question about the psychotherapist, the therapeutic approach and/or the progress of treatment.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction that you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – 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 the "Clinician." Upon your request, I will send your bills to another address).

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a copy of the revised notice via first class mail, or provide it to you during a session.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me, Dan Brinkman at (360) 398-8127.

If you believe that your privacy rights have been violated and wish to file a complaint with me/my office, you may send your written notice of your complaint to me, Dan Brinkman, Psy.D. at PO Box 331, Lynden, WA 98264.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I will provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date and Changes to Privacy Policy

This notice will go into effect on November 1, 2005. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that are maintained. I will provide you with a revised notice via first class mail, or provide it to you during a session.