

Notice of Privacy Practices

This notice describes your rights regarding your health information. Your health information includes notes created by me as a result of our sessions, insurance information for the purpose of payment, and any information I receive about you related to your past, present, and future health. Federal regulations require me to maintain this privacy policy and provide you a copy of this Notice.

Record Keeping Practices

Standard practice requires me to keep a record of your treatment. This includes a general description of your emotional and psychological functioning, a diagnosis (if you choose to bill your insurance company), goals of treatment, symptoms, medications, your progress, and homework assignments if given. This record of treatment is your *protected health care information* or "PHI". I may use or disclose your PHI for treatment, payment, and health care operation purposes.

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

Treatment: I may use or disclose your PHI to coordinate or manage your treatment. An example of *treatment* would be when I consult with another health care provider or therapist.

Payment: I may disclose your health care information if you choose to bill a third party. An example of *payment* would be when I disclose your PHI to your health insurer to assist you in obtaining reimbursement or to determine eligibility of coverage.

Health Care Operations: I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of *health care operations* are: quality assessment activities, case management, legal, audits and administrative services.

Uses and Disclosures that do not Require your Authorization or an Opportunity to Object

Required by Law: I may use or disclose your PHI to the extent that the use or 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, law enforcement reports, abuse and neglect reports, and reports to coroners and medical examiners in connection with a death. I also must make disclosures to the Secretary of the U.S. 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 your health care information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations such as third-party payers.

Child Abuse or Neglect: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington State Department of Social and Health Services.

Vulnerable Adult Abuse or Neglect: If I have reasonable cause to believe abandonment, sexual or physical abuse, financial exploitation, or neglect of a vulnerable adult has occurred; I must report it to the Washington State Department of Social and Health Services.

Threat to Health or Safety: In the instance when you or someone else is in imminent danger of harm I may disclose your health care information for the purpose of safety.

Criminal Activity: I may disclose your health care information to law enforcement officials if you have committed a crime on my premises or against me.

Business Associates: I may disclose your health care information to business associates with whom I contract to administer billing and/or legal services. My contract with them requires them to safeguard the privacy of your information.

Compulsory Process: I will disclose your personal health care information if a court of competent jurisdiction issues an appropriate order. I will disclose your health care information if you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained, and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of Health Care Information with your Written Authorization

I will make other uses and disclosures of your protected health care information only when your appropriate authorization is obtained. An "authorization" is written permission that permits specific disclosures. You may revoke this authorization in writing at any time; unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with health care services for which I must submit information to an insurance company.

Your Rights Regarding Your Protected Health Information

You have the right to **inspect and copy** your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I may charge you a reasonable cost-based fee for copies.

You have the right to **ask that I amend** your record if you feel the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal. Your request, your statement of disagreement, and my rebuttal will be maintained in your record.

You have the right to **request the required accounting of disclosures** I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.

You have the right to **request a restriction** or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request, and I will not honor your request in instances where I believe it would compromise quality care.

You have the right to **request confidential communication** with me. An example of this might be to send your mail to an alternate address or not call you at home. I will accommodate reasonable requests.

You have the right to **have a paper copy** of this notice.

If you believe I have violated your privacy rights you have the right to **file a complaint** in writing with me and/or the U. S. Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

Therapist's Duties

This notice describes your rights regarding how you may gain access to and control your PHI and how I may use and disclose it. I am required by law to abide by the terms of this *Notice of Privacy Practices* and reserve the right to change the terms of this notice at any time. Any new *Notice of Privacy Practices* will be effective for all PHI I

maintain, whether or not you are still in treatment with me. You may request a copy of my revised *Notice of Privacy Practices* at your appointment time, or by leaving a request on my voice mail to receive a copy through the mail. My revised *Notice of Privacy Practices* will be available in my office.

Contact Information

I am my own Privacy Officer. If you have any questions about this *Notice of Privacy Practices*, please contact me at:

Brandi DeFazio MHA, MA, LMFT
1420 NW Gilman Blvd. #2313
Issaquah, WA 98027
(425) 894-7686

Complaints

If you believe I have violated your privacy rights you may file a complaint in writing to me. 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.

Client Acceptance

Your signature below indicates you have received this Notice of Privacy Practices:

Client Name (printed)	Client Signature	Date
Client Name (printed)	Client Signature	Date
Therapist Signature		Date