NOTICE OF PRIVACY PRACTICES

Shelley Burns, MA, LMHC #LH00005879
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425/844-2103
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This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review this notice carefully.

This notice will inform you of your rights regarding your personal health information (PHI). This information includes notes that are created as a result of our sessions, insurance information for the purposes of payment, and any information that I receive about you related to your past, present and future health. Federal regulations require that I maintain this privacy 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 for insurance billing purposes, goals of treatment, symptoms, medications, your progress, and homework assignments if given.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

1. 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.

2. You have the right to ask that I amend our record if you feel that 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 and it will all go into your record.

3. You have the right to request the required accounting of disclosures that 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.

4. 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 in instances where I believe it is in the best interest of quality care I will not honor your request.

5. You have the right to request confidential communication with me. An example of this might be to send your mail to another address or not to call you at home. I will accommodate reasonable requests and will not ask why you are making the request.

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

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

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USES AND DISCLOSURES OF YOUR HEALTHCARE INFORMATION

TREATMENT: I may use your healthcare information to coordinate or manage your treatment by disclosing information to your other healthcare providers, or, in some instances, if you have not objected in writing, to your previous providers.

PAYMENT: I will not use your PHI to obtain payment from your health services without your authorization. If you request that I bill a third party, I will need to provide that party with your healthcare information to determine eligibility and coverage of benefits, for processing claims, for reviewing services provided to you to determine medical necessity, or undertaking quality assurance reviews.

HEALTHCARE OPERATIONS: I may use or disclose, as needed, your PHI in the support of the functions of treatment or payment. Such disclosures could be to others for the management of care, administrative, legal, or financial services to assist me in providing your quality care.

OTHER 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 death. 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 your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that provide financial assistance to me, such as third-party payers.

ABUSE OR NEGLECT: I may use your PHI to report to a state or local agency that is authorized by law to receive reports of abuse or neglect.

THREAT TO HEALTH OR SAFETY: In the instance when you or someone else is in imminent danger of harm, I may disclose your healthcare information for the purposes of safety.

CRIMINAL ACTIVITY: I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.

BUSINESS ASSOCIATES: I may disclose your PHI to business associates that I contract with 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 PHI if a court of competent jurisdiction issues an appropriate order. I will disclose your PHI 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.

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USES AND DISCLOSURES OF HEALTHCARE INFORMATION WITH YOUR WRITTEN AUTHORIZATION

I will make other uses and disclosures of your PHI 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 of the use or disclosure you permitted. An example would be having provided you with healthcare services for which I must submit subsequent claims for payment.

THIS NOTICE OF PRIVACY PRACTICES

This notice describes your rights regarding how you may gain access to and control your personal healthcare information (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 that I maintain, whether or not you are still in treatment with me. You may request a copy of any 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.

CONTACT INFORMATION

I am my own privacy officer. If you have any questions about the Notice of Privacy Practices, please contact me.

P.O. Box 1688
Duvall, WA 98019
425-844-2103

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.

EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003