

NOTICE OF PRIVACY PRACTICES

Treatment is strictly voluntary. You have the right to responsibly chose the mental health therapist and type of treatment that best suits your needs. I have a professional responsibility to maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. Protected Health Information (PHI) is information about you, including: demographic information used to identify you, information that relates to your past, present or future physical or mental health, the provision of health care services, and the record of past, present or future payment for the provision of health care services.

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

I may use or disclose your PHI for the purpose of providing you with health care treatment (“use” applies only to activities within my office and “disclose” applies to activities outside of my office).

Treatment:

To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

Payment:

I may use your PHI in connection with billing statements I send you and my system for tracking charges and credits to your account. In addition, but with your authorization, I may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance reviews.

Health Care Operations:

I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.

Uses and Disclosures of PHI 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. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization such as providing you with health care services for which I must submit subsequent claim(s) for payment.

Uses and Disclosures of PHI with Neither Consent Nor Authorization

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

***Child Abuse:** 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 Department of Social and Health Services.

***Adult and Domestic Abuse:** If I have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, I must immediately report the abuse to the Washington Department of Social and Health Services. If I have reason to suspect that sexual or physical assault has occurred I must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.

***Health Oversight:** I may disclose your PHI to a health oversight agency for activities authorized by the law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

***Serious Threat to Health or Safety:** I may disclose your PHI when necessary to minimize an imminent danger to the health and safety of you or any other individual.

***Judiciary or Administrative Proceedings:** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will use your PHI if:

- 1) You and I have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance
- 2) No qualified judicial or administrative protective order has been obtained
- 3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and
- 4) Such time has lapsed.

Client/Patient Rights (regarding your PHI):

***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 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 alternate means and at alternate locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address).

***Right to Inspect & Copy** - You have the right to inspect and/or obtain a copy of your record (except for confidential information provided by others and portions that may be potentially injurious to your well being).

***Right to Amend** - You have the right to request an amendment of PHI. I may deny your request. Also, you may request that treatment records about your therapy not be kept. Minimum requirements include: name, date & fees for service, disclosure (Psychotherapy Agreement), and a written request that no records be kept.

***Right to An Accounting of Disclosures of PHI** - Upon your request, I will discuss with you disclosures of PHI for which you have neither provided consent nor authorization.

***Right to A Copy of This Notice** - You have the right to a paper copy of this notice.

***Right of Complaint** - You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights.
I will not retaliate against you for filing a complaint.

This Notice

I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request, or providing a copy to you at your next appointment.

I am my own Privacy Officer, so, if you have any questions about this Notice of Privacy Practices, please contact me.

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The effective date of this Notice of Privacy Practices is May 1, 2008