



## **NOTICE OF PRIVACY PRACTICES**

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

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with other health care providers, coordination and management of your health care with a third party or referral to another provider for health care.

**For Payment:** I will use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposed of collection.

**For Health Care Operations:** I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice. For example, I may share your PHI with third parties that perform various business activities (e.g. billing services) provided I have a written contact with the business that requires it to safeguard the privacy of your PHI.

**Required by Law:** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigation or determining my compliance with the requirements of the Privacy Rule.



**Without Authorization:** Applicable law and ethical standards permit me to disclose information about you without your authorization **only in a limited number of other situations.** The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or less the treat, including the target of a threat.

**Verbal Permission:** I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**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 14 days in advance of a subpoena or other legal demand, 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.

**With Permission:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI maintained by my office. To exercise any of these rights, please submit your request in writing.

- **Right of access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that PHI maintained at this office about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.



*Stacey Plate*  
INTEGRAL PSYCHOTHERAPIST • MA, LMHC  
CERTIFIED HAKOMI THERAPIST

- **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.

### **CONTACT INFORMATION**

I am my own Privacy Officer. If you have any questions about this *Notice of Privacy Practices*, please contact me: Stacey Plate, MA, LMHC, PO Box 3144, Lacey WA 98509, PHONE: 360-402-7674.

### **COMPLAINTS**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing to me as my own Privacy Office or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**