

All Seasons Counseling Mark Travis, MA, M.Div, LMFT
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HIPPA Notice Of Privacy Practices For Protected Health Information

I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your health record contains personal information about you and your health. State and Federal law protects that confidentiality of this information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. If you suspect a violation of these legal protections, you may file a report to the appropriate authorities in accordance with Federal and State regulations.

I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to you PHI. This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control you PHI. 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 this time. I will make available a revised Notice of Privacy Practices by sending you and electronic copy, sending a copy to you in the mail upon your request, or providing one to you in person. This document and all other documents are also available on my website.

How I am permitted to use and disclose your PHI

For Treatment: I may use medial and clinical information about you to provide you with treatment services.

For Payment: I may use and disclose medical information about you so that I can receive payment for treatment services provided to you.

For Healthcare Operations: I may use and disclose your protected PHI for certain purposes in connection with the operation of my professional practice, including supervision and consultation.

Without your Authorization: State and Federal law permits me to disclose information about you without your authorization in limited number of situations.

Such as;

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Required by Law: healthcare licensure related reports, public health records, and law enforcement reports. US Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of privacy rules.

Health Oversight: I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third party payors) and peer review organizations performing utilization and quality control. If I have to disclose PHI, I will make sure I have an agreement in place that requires the agency to safeguard your PHI.

Abuse or Neglect: I may disclose PHI to a state or local agency authorized by law to receive reports of neglect or abuse.

Deceased Clients: I may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Research: I may disclose PHI to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirements (b) the researchers establish protocols to ensure privacy of your PHI; and (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations.

Compulsory Process: I may be required to disclose your PHI if a court of competent jurisdiction issues an appropriate order, and if the rule of privilege has been determined not to apply. I may be required to disclose your PHI if I have been notified in writing at least Fourteen Days in advance of a subpoena or other legal demand, no protective order has been obtained, and a competent judicial has determined that the rule of privilege does not apply.

Essential Government Functions: I may be required to disclose your PHI for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for the U.S State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Law Enforcement Purposes: I may be authorized to disclose your PHI to law enforcement officials for law enforcement purposes under the following SIX circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person;(3) in response to a law enforcement officials request for information about a victim or suspected victim of a crime; (4) in response to alert law enforcement of a person's death; (5)when I believe protected health information is evidence of a crime that occurred on my premises; and (6) in a medical emergency not occurring on my premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

Psychotherapy Notes: If kept as separate records, I must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. I may use the notes for your

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treatment. I may also use or disclose, without your authorization, the psychotherapy notes for my own training, to defend myself in legal or administrative proceedings initiated by you, as required by Washington Department of Health or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations, to avoid or minimize threat to anyone's health or safety, to a health oversight agency for lawful oversight, for lawful activities of a coroner or medical examiner or as otherwise required by law.

With Authorization: I must obtain a written authorization from you for other uses and disclosures of your PHI. You may revoke such authorizations in writing in accordance with 45 CFR.164.508(b)(5). I will not use or disclose your PHI for marketing purposes, and will not sell your PHI without your authorization. You may revoke your authorization in writing at any time. Such revocation of authorization will not be effective for actions I may have taken in reliance on your authorization of the use or disclosure.

Incidental Use and Disclosure: I am not required to eliminate every risk of incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as I have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary. Such as and not limited to: peer review, delivery of health care, coordination with manage care, referrals, providing payment information to a third party, case of unpaid fees, submitting your name and amount owed to a collection agency, ect.

Your Rights Regarding PHI

You have the following rights regarding your PHI that I maintain about you. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights included.

Right of Access to Inspect and Copy: You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the record. A "designated record set" contains medical and billing records and any other records that I use for making decisions about you. Your request must be in writing. I may charge you a reasonable cost-based fee for copying and transmitting your PHI. I can deny your access to your PHI in certain circumstances. In some of those cases, you have a right of recourse to the denial of access. Please contact me if you have any questions about access to your medical record.

Right to Amend: you may request, in writing, that I amend your PHI that has been included in a designated set record. In certain cases, I may deny your request for amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal.

Right to an Accounting Disclosure: You may request, in writing, an accounting of disclosure made for treatment purposes or made as a result of your authorization, for a period of up to six

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years, excluding disclosures made to you. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.

Right to Request Restrictions: You have the right to ask me not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and I am not required to agree to such restrictions. Please contact me if you would like to request restrictions on the disclosure of your PHI.

Right to Request Confidential Communication: you have the right to receive confidential communications from me by alternative means or at an alternative location. I will accommodate reasonable written requests. I am also condition this accommodation by asking for information regarding how payment will be handled or specification of an alternative address or method of contact.

Right to a Copy of this Notice: you have the right to obtain a copy of this notice from me. All documents/forms can be found on my website www.allseasonscounseling.biz.

Right to Notice of Breach: You have the right to be notified of any breach of your unsecured PHI.

I act as my own Privacy and Security Officer. If you have any questions about this Notice of Privacy Practices, please contact me.

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer. You also have a right to file a complaint in writing to the Washington Department of Health or to the US Secretary of Health and Human Services.

Effective Date of this notice: September 30th, 2020