



22605 SE 56th St. Suite 150
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www.ohanabehavioralhealth.com

NOTICE OF PRIVACY PRACTICES

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.

As part of my professional practice, I 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, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health condition, the provision of health care services, or the past, present or future payment for the provision of health care.

Your Rights Regarding Your PHI The following are your rights regarding PHI I maintain about you: TM

- ❖ **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that I maintain. I may charge a reasonable, cost-based fee for copies. TM
- ❖ **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. TM
- ❖ **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures that I make of your PHI. TM
- ❖ **Right to Request Restrictions.** You have the right to request 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. TM
- ❖ **Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.
- ❖ **Right to a Copy of this Notice.** You have the right to a paper copy of this notice. TM
- ❖ **Right of Complaint.** You have the right to file a complaint in writing with me or with the Secretary of Health and Human Service if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

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

Treatment: I may use your PHI for the purpose of providing you with health care 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 and my system for tracking charges and credits to your account. In addition, but with your authorization, I may disclose your PHI to third 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 you 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 in the delivery of your health care.

Other Uses and Disclosures That Do Not Require Your Authorization or 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, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. 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 audit their provision of payment to me (such as third-party payers). **Threat of Health or Safety.** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual. Business Associates. I may disclose your PHI to Business Associates that are contracted by me to perform health care operations or payment



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activities on my behalf, which may involve their collection, use, or disclosure of your PHI. My contract with them must require them to safeguard the privacy of your PHI. **Compulsory Process.** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will also disclose your PHI if (1) you and I have each been notified in writing at least fourteen 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 elapsed.

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was secured, as a condition for obtaining insurance reimbursement and the insurer were to contest the claim under the policy. Should you wish to revoke an authorization needed to pursue 3rd party reimbursement, no future claims would be filed, and you would be responsible for all financial obligations. If you no longer desire that I provide the insurance company/ managed care company (MCO)/EAP or similar 3rd party payer with ANY information, you would also be responsible for those services that the insurance company/MCO refused to pay due to the lack of needed information. If the consent involved a MCO and the consent/authorization were revoked, any discounted fees associated with the MCO contract would no longer apply; that is, my usual and customary fee would become effective.

There is another, special authorization provision potentially relevant to the privacy of your records: **psychotherapy notes**. In recognition of the importance of the confidentiality of conversations between a professional and a client/patient in treatment settings, HIPAA permits keeping separate "psychotherapy notes" separate from the overall "designated medical record." **"Psychotherapy notes"** cannot be secured by insurance companies nor can they insist upon their release for payment of services. Under HIPAA Regulations, "*Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. *Psychotherapy notes* **excludes** medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date." Any "**psychotherapy notes**" I may maintain would not be considered part of a "medical record," for HIPAA purposes and are for my use only, and I may deny access to these (***unless forced to respond to a court order***). Otherwise, medication prescription and monitoring (which applies to MDs, not to my practice other than my notation of such prescriptions), counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date **are** maintained in your record, and you may request access to and disclosure of this protected health information.

This Notice

This Notice of Privacy Practices informs you of how I may use and disclose your protected health information ("PHI") and your rights regarding your PHI. 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 your PHI. I am required to abide by the terms of the 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.

Contact Information

If you have any questions about this Notice of Privacy Practices, please contact the office at: 22605 SE 56th St. Suite 150 Issaquah, WA 98029, p: (425) 686-9509 f: (425) 686-7260

Complaints:

If you believe someone has violated your privacy rights, you may file a complaint in writing to the office. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.



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Effective Date, Restrictions and Changes to Privacy Policy: *Effective 14 April 2003.*



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