



THIS NOTICE CONTAINS INFORMATION ABOUT THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), A FEDERAL LAW THAT PROVIDES PRIVACY PROTECTIONS AND PATIENT'S RIGHTS WITH REGARD TO YOUR PERSONAL PSYCHOLOGICAL AND MEDICAL INFORMATION. THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY DISCUSS ANY QUESTIONS ABOUT THIS NOTICE WITH YOUR THERAPIST.

1. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE

OPERATIONS

We may use or disclose your protected health information for treatment, payment, and health care operations purposes with your written authorization. The following definitions are provided to help you understand these terms:

Protected health information: This term refers to information in your health record that could identify you.

Treatment: Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist.

Payment: Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your protected health information to your health insurer to obtain reimbursement for your health care or to determine eligibility, benefits and/or coverage.

Health Care Operations: Health Care Operations are activities that relate to the performance and operation of our practice and to review our treatment procedures and business practices. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

Use: This term applies only to activities within our clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you and which may be necessary for certification, compliance and licensing activities.

Disclosure: This term applies to activities outside of our clinic, such as releasing, transferring, or providing access to information about you to other parties. **Authorization:** This means your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

2. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

We may use or disclose protected health information for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes your therapist has made about conversations during a private, group, joint, or family counseling session, which are kept separate from the rest of your record. These notes are given a greater degree of protection than protected health information. You may revoke all such authorizations (to use or disclose protected health information or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage since the law provides the insurer the right to contest the claim under the policy.

3. USES AND DISCLOSURES WITHOUT AUTHORIZATION

We may use or disclose protected health information without your consent or authorization in the following circumstances:

Serious Threat to Health or Safety - If you or your child communicates to our staff a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury to another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that your child presents an imminent, serious risk of physical or mental injury or death to him/herself, we may make disclosures we consider necessary to protect him or her from harm.

Child Abuse - If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities. If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

Adult and Domestic Abuse - If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

Health Oversight Activities - We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

Judicial and Administrative Proceedings - If your child is involved in a court proceeding and a request is made for information by any party about his/her evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.

Worker's Compensation - We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

4. Patient's Rights and Therapist's Duties

Patient's Rights:

Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are 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 protected health information by alternative means and at alternative locations. For example, you may request that we use an address other than your home address for written communications or request that we contact you at a telephone number of your choice.

Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of protected health information in our mental health and billing records used to make decisions about you for as long as the information is maintained in the records. Upon your request, we will discuss with you the details of the request to inspect and copy.

Right to Amend - You have the right to request an amendment of protected health information for as long as the information is maintained in our records. We may deny your request. Upon your request, we will discuss with you the details of the amendment process.

Right to an Accounting - You generally have the right to receive an accounting of disclosures of protected health information made by us. Upon your request, we will discuss with you the details of the accounting process.

Right to a Paper Copy - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist Duties:

We are required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, your therapist will provide you with a revised notice.

5. Questions and Complaints

If you have questions about this Notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Lisa Sullivan, Psy.D. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Dr. Lisa Sullivan, 5700 23rd Drive W, Everett, WA 98203.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Dr. Lisa Sullivan will provide you with the appropriate address upon request.

You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

6. Effective Date This Notice will go into effect on February 1, 2007.